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ABSTRACT

One of 16 booklets designed for use in an Open University course on the education of handicapped children in the United Kingdom, this document deals with the evolution of special education in the country. Initial chapters analyze the rationale for studying the history of special education, describe pioneers in the field, and cite the emergence of a special education system with its primary aim to remove the unfit from society. Legislative efforts, based on public and professional opinion in favor of state supported special education and care for persons with deafness, blindness, mental deficiency, and physical defects, are traced. The years between World War I and World War II are seen to be ones in which private agencies and voluntary societies made great strides in improving Great Britain's special educational system. A final chapter asks just how much progress has really been achieved. Suggested readings and exercises are included throughout. (CL)

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E241 9

The Open University
Educational Studies: A Second Level Course
**Special Needs in Education**

# ORIGINS

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The Open University
Educational Studies: A Second Level Course
E241 Special Needs in Education

# *Unit 9*
# *Origins*

*Prepared by Patricia Potts for the Course Team*

The Open University Press

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# *Contents*


| | | |
|---|---|---|
| | **Note on reading** | 4 |
| | **Broadcasts** | 4 |
| 1 | **Why history?** | 5 |
| 2 | **Nineteenth-century attitudes to the poor and the handicapped** | 6 |
| | The poor: deserving and undeserving | 6 |
| | Voluntary societies: Christian charity and professional care | 8 |
| | The linking of mental and physical defects | 8 |
| | Conclusion | 10 |
| 3 | **Pioneers** | 10 |
| | Mental defect | 10 |
| | *Scientific interest and attempts to cure* | 10 |
| | *A new kind of institution* | 11 |
| | *A duty to educate* | 12 |
| | International contacts | 12 |
| | The blind and the deaf-mute | 13 |
| | Conclusion | 14 |
| 4 | **The emergence of a special education system** | 15 |
| | The unfit | 16 |
| | Removing the unfit | 17 |
| | *Three segregationists: protecting the community or the children?* | 17 |
| | Getting rid of the unfit: eugenics | 20 |
| 5 | **Legislation** | 22 |
| | The deaf and the blind | 22 |
| | *The deaf* | 22 |
| | *The blind* | 23 |
| | Mental deficiency | 24 |
| | *The Royal Commission on the Care and Control of the Feeble-Minded* | 25 |
| | Physical defect | 25 |
| | Conclusion | 27 |
| 6 | **Public inertia and private enterprise: the inter-war years** | 27 |
| | Mental deficiency | 27 |
| | *Testing, testing . . . the rise of an exact 'science'* | 28 |
| | *'Weapons of enquiry'; Cyril Burt and selection* | 29 |
| | Private progress: therapeutic communities | 30 |
| | Voluntary societies | 31 |
| | Child guidance | 32 |
| | Training | 32 |
| 7 | **Progress: implications and conclusion** | 33 |
| | **Further activities** | 37 |
| | **Appendix: Institutions providing education for disabled children and others** | 38 |
| | **References** | 40 |
| | **Acknowledgements** | 42 |

# Note on reading

## Set reading

The readings for this unit are to be found in:

SWANN, W. (ed.) (1981) *The Practice of Special Education*, Oxford, Basil Blackwell/The Open University Press (the Reader). They are:

BOWMAN, I. (1980) 'Maladjustment: a history of the category' (Reading 2.3).

RYAN, J. and THOMAS, F. (1980) 'Mental handicap: the historical background' (Reading 2.1) (optional).

SUTHERLAND, G. (1980) 'The origins of special education' (Reading 2.2).

The case study for this unit is to be found in:

BOOTH, T. and STATHAM, J. (1982) *The Nature of Special Education*, London, Croom Helm/The Open University Press. It is:

'Dame Evelyn Fox' (Case study 21).

## Further reading

BURT, C. (1935) *The Subnormal Mind*, London, University of London Press.

EYCKEN, W. VAN DER (ed.) (1973) *Education, the Child and Society*, Harmondsworth, Penguin Books Ltd.

LOWE, R. and SEABORNE, M. (1976) *The English School: its architecture and organisation, vol. II, 1870–1970*, London, Routledge and Kegan Paul.

MACLURE, J. S. (1968) *Educational Documents: England and Wales. 1816 to the Present Day*, London, Methuen Education Paperback.

NEILL, A. S. (1926) *The Problem Child*, London, Herbert Jenkins.

PRITCHARD, D. G. (1963) *Education and the Handicapped*, London, Routledge and Kegan Paul.

RUSSELL, B. (1926) *On Education*, London, Allen and Unwin.

RUSSELL, B. (1932) *Education and the Social Order*, London, Allen and Unwin.

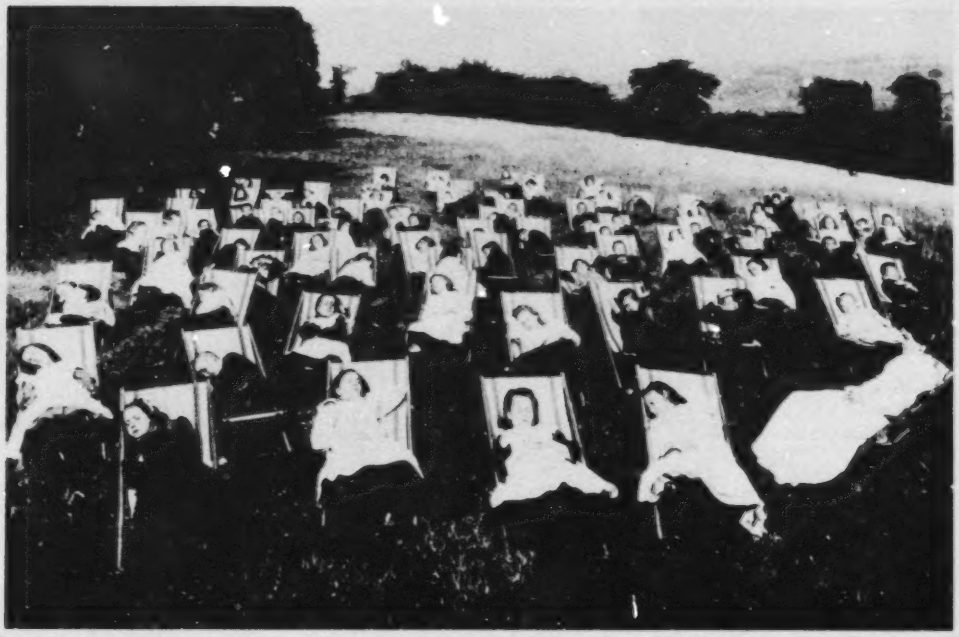
WILLIS, W. D. (1945) *The Barns Experiment*, London, Allen and Unwin.

The *Glossary* gives more details of the legislation and reports mentioned in this unit.

# Broadcasts

The broadcast associated with this unit is Radio 5. Further details will be found in the broadcast notes.

# 1 Why history?



*'Now, mother, the thing to do is to get him into the country for a month'* (LCC *Medical Officer of Health*). *An open air school around 1910.*

1.1 Why have a unit in E241 devoted to the history of special education? You have already read of the present system's diversity and apparent contradictions, and the myths, prejudices and confusions which abound within and outside it, and you may well have wondered how all this came about. In this unit I shall try to show why today's system is the way it is, to unravel current confusions, and to add another dimension to discussion of the issues tackled by the course. Here, then, is a story of special education, one out of many possible versions, emphasizing the following themes:

- how the economic and political climate encouraged or dampened development;
- how the medical profession achieved such power within special education;
- how the impetus given to special education by voluntary soecieties led to their continuing power and to its diversity;
- how special education arose out of universal state education;
- how many of the early, more or less accidental or idiosyncratic features of the system are still with us today;
- how segregation came to be favoured.

1.2 In section 2 I indicate some of the nineteenth century attitudes which dominated the development of special education. Section 3 looks at how individuals (especially physicians) and voluntary societies expressed contemporary beliefs in what they did—in how they categorized children, for instance—and at some international developments. Towards the end of the nineteenth century, mass education was introduced. Section 4 shows how much of the present system of special education is a consequence of this immense change, in, for instance, selection into and segregation out of schools and the development and refinement of assessment techniques. Section 5 describes the elaboration of the system up to 1918, and section 6 the developments in the inter-war years: testing techniques, therapeutic communities for 'maladjusted' children, and the setting up of special schools by voluntary societies.

1.3 The final section discusses whether the last hundred years of provision for children with special needs represent progress towards an equitable system when so many features have remained unchanged since its beginning. I hope to show that growth is not to be equated with improvement, and that the system we have today arose through concern about things far removed from children's needs.

**Reading** As an introduction to the history of special education, now read 'Dame Evelyn Fox' (Case study 21).

**Comment** I shall refer to Dame Evelyn Fox again, but here I should like you to notice how changes in legislation and provision took place as a result of both public and private initiatives, and how government and voluntary societies worked together to provide money and personnel for services which were not regarded as the state's responsibility until after the Second World War. Dame Evelyn Fox was particularly concerned with mentally deficient children, legally defined as ineducable until 1970, and with the training of a whole range of professionals who worked with them.

## 2 *Nineteenth-century attitudes to the poor and the handicapped*

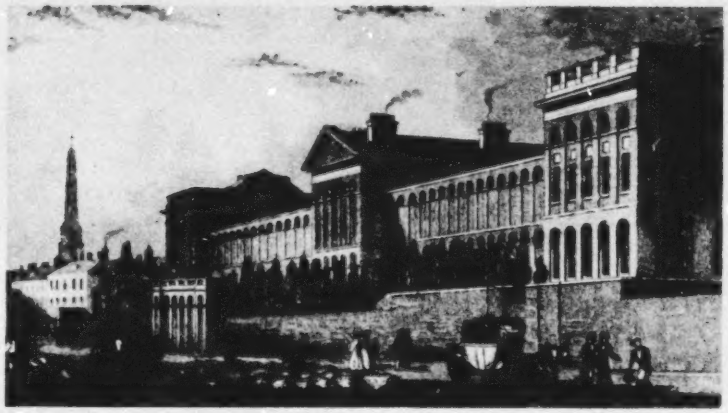
2.1 In the nineteenth century, attitudes towards the poor and the defective were bound up together and, in England at least, encouraged a belief in the permanent nature of such handicaps and a reliance on voluntary efforts to provide relief. It was common to regard mental and physical impairment, insanity and unacceptable behaviour as one class of entity, namely, disease.

### *The poor: deserving and undeserving*

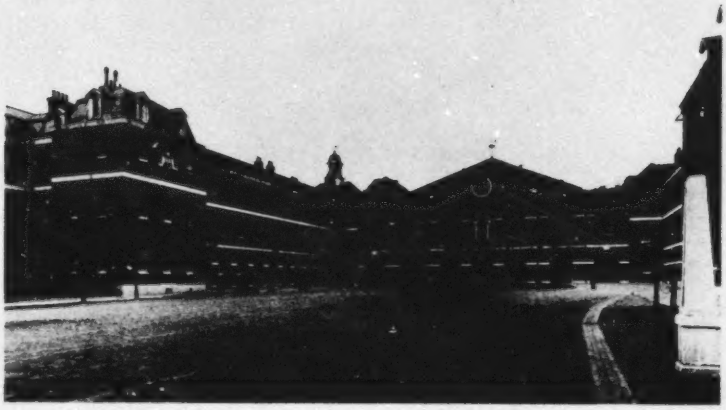
2.2 Like the present outcry against social security 'scroungers', attitudes towards the dependent, those with special needs because of poverty, physical or mental defect, ill health or involuntary unemployment, were harsh: 'Every penny bestowed that tends to render the condition of the pauper more eligible than that of the independent labourer is a bounty on indolence and vice' (Poor Law Commissioners, 1834, quoted in Briggs, 1979). Adequate public welfare schemes would be intolerably expensive, therefore politically unviable, and, of course, morally enervating to the recipients. Thomas Malthus argued in the 1790s that official poor relief would only encourage large, underfed, destitute families, and his influential theory of population contained scaremongering prophecies about what would happen if nature, that is, hunger, did not control the masses. The poor were popularly regarded as falling into two classes, the deserving and the undeserving, and provision of relief by the state was grudging, inconsistent and humiliating.

2.3 The Poor Law Amendment Act of 1834 ended local control of relief (food, shelter or money) by individual parishes, replacing it with central supervision by a Board of Commissioners. The Act sought not to alleviate or prevent poverty, but to police the poor better. It instituted workhouses, where relief was made as uncongenial as possible so that work of whatever kind would be preferable. However, its consequences were not as intended. The birth or residence qualifications for the receipt of relief were retained, but often waived in practice and were criticized for restricting the mobility of the employable poor. In fact, the Poor Law Guardians had the typically English freedom to raise and distribute money much as they liked, which is illustrated by their involvement in the education of blind children.

2.4 An Act of 1862 allowed Guardians to pay for the care and education of blind pauper children in special institutions, as long as this did not exceed the cost of keeping a child in the workhouse, which, in practice, was always much less than the school fees. In 1879, a law was passed which permitted the Guardians to give money to institutions



*St Luke's Hospital, Old Street. Founded in 1751 for 'poor insane persons' at Windmill Hill and rebuilt in 1782 to the design of George Dance, Jnr, it was closed in 1916 and demolished in the 1960s. An impressive, purpose-built institution, like a mansion rather than a penitentiary.*



*Foundling Hospital, Bloomsbury, started in 1739 by Captain Thomas Coram. These buildings were destroyed in the 1920s. The Thomas Coram Research Unit is part of the University of London Institute of Education and many of its projects are concerned with children with special needs.*

*St Clement's Hospital, Whitechapel. A part of the London Hospital, catering for long-stay disabled children. Built in the 1840s and still in use.*

for the blind which offered relief to the poor. Many Guardians did nothing, and a common excuse was that the parents were not really paupers. Yet the Local Government Board (successor to the Poor Law Board of Commissioners) was against the recommendation of the Royal Commission that aid should go direct to the parents, which would have made it an 'educational duty' rather than a 'charitable concession'.

2.5 Mentally deficient pauper children were not provided for separately from lunatics until 1873. The Metropolitan Poor Act of 1867 set up the Metropolitan Asylums Board, which opened idiot asylums at Caterham and Leavesden in 1870 but moved the children to an old smallpox hospital in Hampstead three years later. They overflowed into a new asylum specially built for children at Darenth, Kent, in 1878.

2.6 Official indifference towards the poor who were also, by implication, the criminal, crazy, lazy, defective, illegitimate and godless, was dictated by the hostility of the ratepayers (who, as householders, alone had the vote) and the *laissez-faire* tradition in politics, which condemned public expenditure on bread or school books as interference and social boat-rocking. It was also thought dangerous for the state itself to have enough guaranteed public revenue to be independent of the electorate, a fear stretching back to the tyranny of Charles I. Not until the Wood Report (1929) was there any official statement in favour of distinguishing the poor from the defective: 'To deal with a defective simply as a pauper is to ostracize him: but let him render the community some service, however modest or humble, and he will acquire some measure of self-respect, and thus take the initial step towards socialisation' (Board of Education and Board of Control, 1929).

## *Voluntary societies: Christian charity and professional care*

2.7 Services were provided, however, but by the vehicles of private social enterprise, the voluntary societies, of which there were a huge number in the nineteenth century. The Charity Organisation Society (COS) was founded in 1869 to co-ordinate regional work, promote new ventures and do what it could to eliminate begging. The COS was opposed to any state involvement in social work, and only made an exception in 1877 in favour of public institutions specially for the feeble minded, to keep them out of workhouses and lunatic asylums. Consciousness of a Christian duty towards the less fortunate was one motive for undertaking voluntary work, and Christian living and teaching were of fundamental importance. The COS was also concerned to provide services that made economic and administrative sense, however, and that were supported by up-to-date surveys and research.

2.8 Apart from independent and well-educated women like Evelyn Fox, the voluntary societies often recruited experienced workers from the ranks of retired civil servants and soldiers. For example, Sir Charles Trevelyan became secretary to the council of the COS on his return from India, and Major-General F. J. Moberly, chairman of the London School Board Sub-committee on the Blind and Deaf and a Poor Law Guardian, was the secretary of a local branch of the COS. They were among the earliest professional carers, whose attitudes towards defective children do not seem to have been characterized by contemporary fear or sentiment. On the other hand, they were not particularly sensitive to parents' feelings that special schools could be as stigmatizing as the workhouse.

## *The linking of mental and physical defects*

2.9 Dr Francis Warner, who carried out a survey published by COS, believed that physical and mental defects were closely related, and, consequently, that feeble-minded children could be discovered by a physical examination. He published these views in *A Method of Examining Children in Schools as to their Development and Brain Condition* (Warner, 1888). In the next two years he saw 50,000 children in London board and Poor Law schools and reported that one per cent had physical and mental defects. As a result of this, Dr W. R. Smith was appointed as medical officer to the London School Board in 1890 and doctors were confirmed as the appropriate professionals to carry out assessments

for special education. Although it was the COS who published Warner's results, he did not subscribe to their general policy of government non-intervention and argued instead for separate special schools which it would be the duty of the school boards to set up and maintain.

2.10 Before laws laid down the procedure for selection for special schooling, doctors not only examined children to see if they suffered from sensory, physical or mental impairments, they also coined the categories and quantified the degrees of handicap. And because of the contemporary belief in the connection between physical and mental defects, mental defect was judged by physical signs:

> Lack of mental energy may come from lack of physical energy; and whatever reduces the child's bodily vitality may bring with it, as one of its most conspicuous symptoms, a torpid attitude of mind. Adenoids, as we have seen, are often accompanied by a state of emotional inertia. The catarrhal child is apt to be phlegmatic, metaphorically as well as literally.
>
> (Burt, 1937)

2.11 In their book, *Mentally Defective Children*, the French psychologists Binet and Simon reasonably asked, 'How many of us are there without stigmata?', but went on to say:

> If we compare a group of normal children with a group of abnormal, the total number of stigmata will be much greater in the second group; and, moreover, the multiplicity of stigmata in a single individual constitutes a strong probability that that individual is abnormal.
>
> (Binet and Simon, 1914).

They gave such examples of stigmata as: asymmetry of the face, malformation of the ear, squints, prominent jaws, unusually shaped heads. Binet and Simon were cautious about the relevance of stigmata, developing intelligence tests to avoid relying on them, but said, 'every examiner, as a matter of fact, allows himself to be influenced by the general appearance of the subject, and the impression so formed is not entirely without value'. After the publication of their tests of complex mental processes in 1905, with revised versions in 1908 and 1911, and their rapid, international adoption, Binet and Simon's words became extremely influential.

2.12 Nineteenth-century beliefs about the types and causes of mental deficiency may sound strange to us: 'A later and still worse stage at which these degenerate beings arrive is one of moody and morose self-absorption, and of extreme loss of mental powers' (Henry Maudsley, 1868, quoted in Szasz, 1971). Maudsley was referring to masturbation. An American writer agreed: 'One of the great impediments in ameliorating their [idiots'] condition is found in the sexual orgasms to which they are addicted, the practice of which perpetuates their idiocy' (Dugdale, 1877). Similarly, Dr Fletcher Beach, Medical Superintendent of the Darenth Asylum for Children between 1878 and 1896, wrote a paper on 'Insanity in children', in which he said: 'Many of my out-patients come suffering from utter prostration as a result [of masturbation]—in these children there is a disappearance of the joyfulness of youth and an obvious perversion of the affective faculties'. Fletcher Beach was also a man who argued that epileptic children of normal intelligence should attend ordinary schools, and he opposed institutional care for the 'feeble minded'.

2.13 You could blame a child for his original sin and punish him for his dirty habits; and if you thought his condition was caused by disease you could hope for a cure. Another way of understanding why a child was physically or mentally defective was to believe that it was the work of the devil, in whose name you could even go as far as killing the child. Or you might show great affection and gentleness, dreaming that a normal, God-given child might be restored in place of this 'changeling'. Dr John Langdon Down's *Ethnic Classification of Idiots* (1886) is a more 'scientific' version, presenting his case for idiots being the degenerate descendants of primitive peoples; idiots of the 'Mongolian type' had the clear stigmata of 'atavistic' facial features.

> The Mongolian type of idiocy occurs in more than 10 per cent of the cases which are presented to me. They are always congenital idiots, and never result from accidents after uterine life. They are, for the most part, instances of degeneracy arising from tuberculosis in the parents.
>
> (Down, 1866)

2.14 Finally, Edward Séguin, superintendent of the Bicêtre Hospital School for Idiots in Paris in the 1840s, argued that idiocy was largely the result of pre-natal malnutrition. *Idiocy: And Its Treatment by the Physiological Method* (Séguin, 1866) contains passages which sound very much like present-day campaigns for better ante-natal care and the consequent prevention of some forms of physical and mental defect. Séguin is hard on mothers, but much kinder in his attitude towards idiots than was common in the later nineteenth century. 'Idiocy is a specific infirmity of the cranio-spinal axis, produced by deficiency of nutrition in utero and in neo-nati'. While she is carrying or feeding her child, a mother is in continuous contact with her baby and thus the channel by which he receives all his 'impressions'. Because Séguin believed in pre-natal environmental causes of idiocy, which are therefore reversible, he was critical of mothers 'miserably enervated by music, perfumes, savours, pictures, books, theatres, associations' and who generally did not take care to lead a quiet life during pregnancy.

## *Conclusion*

2.15 The identification of the mentally and physically handicapped with the poor, and all of them with sin and disease, meant that only the Christian carers or the medical explorers were interested in them in the nineteenth century. The next section describes how this interest manifested itself.

# 3 *Pioneers*

3.1 In this section I shall try to give a brief account of the earliest organized care and education of groups of children with special needs, why some received it earlier than others, and of the range of aims expressed by the pioneering professionals: cure, control, efficiency, happiness.

3.2 Those who organized some of the earliest teaching of children with sensory, physical or mental defects were often doctors and nearly all were practising Christians. These commitments influenced their views about the desirable content, setting and techniques of education.

## *Mental defect*

### Scientific interest and optimism

3.3 Jean-Marc-Gaspard Itard, whose work with Victor, the 'Wild Boy of Aveyron', is described in Unit 5/6, had become an assistant surgeon in a military hospital to avoid conscription and as a result took up medicine as a career. In 1799, he was appointed medical adviser to the Institution Nationale des Sourds-Muets in Paris, which had been founded in 1760 by Charles Michel, Abbé de l'Epee, for poor deaf-mutes, and to which Victor was brought soon after his capture. Itard at first believed that it was Victor's lack of experience that made him appear idiotic and that intensive, systematic teaching would stimulate the development of his sensibilities, intellect and emotions. The teaching would physically involve Victor in acti-ities which would enable him to learn for himself; a child-centred, 'scientific' method. After five years, however, Itard concluded that he had been wrong and that, despite some dramatic changes in Victor's behaviour and social comprehension, he had failed. But Itard's published accounts of his work revealed just how beneficial his teaching had been and they represent one of the first serious efforts to educate a mentally retarded child.

3.4 Edouard Séguin was a pupil of Itard and from him inherited both the desire to educate feeble-minded children and an optimistic belief in their potential for improvement. In the 1830s, Séguin began to work with children at the Hospice des Incurables, and the Bicêtre Hospital in Paris, and in 1842 became superintendent of the Bicêtre School for Idiots which had been opened in 1833. Séguin aimed to develop the children's

muscular and nervous systems, their senses and hand–eye co-ordination, and, eventually, the ability to combine ideas derived from first-hand experience to form more general, abstract and moral concepts. He believed in a 'natural law of activity and repose', which stated that each vital function is improved by alternating periods of action and rest, relaxation and reflection being as necessary as activity, and that progress in one area encourages progress in another.

3.5 The Parisian hospital administrators and the Academy of Sciences examined Séguin's methods and pupils and publicly praised him. He followed this with his book *Traitement moral, hygiene et education des idiots et des autres enfants arrières* (Séguin, 1846). Séguin's popularity at home was relatively short-lived, however; after the Revolution of 1848, he fled to America, where he remained until his death in 1880. His compatriots Binet and Simon, co-authors of the first graded intelligence tests for children, were soon to belittle his achievements. They opposed medical control of the education of defectives in institutions, and they criticized Séguin's philosophy: 'the essential thing is for all the world to understand that empiricism has had its day, and that methods of scientific precision must be introduced into all educational work, to carry everywhere good sense and light' (Binet and Simon, 1914, p. 146).

3.6 Despite their patronizing hostility towards Séguin's work, Binet and Simon shared his optimism: 'one may, by dint of mind, ingenuity and patience, increase the intelligence and improve the character of some of these unfortunate children' (Binet and Simon, 1914, p. 3). A belief in the curability, or at least alleviation, of idiocy characterized the doctors who ran the first asylums and was their justification for organizing programmes of education. This belief was also one reason for the continuing association of idiocy with lunacy, even though Séguin, Binet and Simon and others, were careful in their differentiation:

> We must not confound with imbeciles, insanes, epileptics, etc., the harmless idiot . . . His mind is extremely limited but not deranged, and with no special tendency to final insanity . . . How could any child, subject to other disease or infirmity, be mistaken for him? Nevertheless this confusion takes place. Practically and legally, the idiot has been assimilated to unfortunate beings whose rights upon society are different from his; and he has suffered deeply by the mistake.
>
> (Séguin, 1866).

**A new kind of institution**

3.7 Another initiative in treating mental defect came from Switzerland. In the Swiss Alpine valleys, people suffering from what is now known to be hypothyroidism (caused by lack of natural iodine) were common. Removal to higher altitudes and the provision of a more nutritious and balanced diet were known to help to improve the physical and mental condition of these congenital 'cretins'. Johann Jacob Guggenbühl, a young doctor, passionately believed that such improvement was possible. In 1839 he took up a post as physician at a residential school, and in 1841 was given the land at Abendberg to establish a community devoted to the full-time care and teaching of the mentally defective. Guggenbühl shared Séguin's optimism, but his emphasis was more on a healthy contact with nature: fresh air, exercises, and good diet, although he also believed in systematic sense-training, as well as play and regular bathing. Guggenbühl felt he had a spiritual vocation for his work, but this consciousness of his special destiny was part of his undoing, for he became very fond of grand whistle-stop lecture tours, of entertaining visiting doctors and philanthropists, and of writing exaggerated accounts of his mission at Abendberg. All of this led to the general neglect of his charges who, like Victor in Paris, were not cured. In 1859, as a result of an official government investigation and a highly critical report on Guggenbühl's institution, the Swiss Association of Natural Sciences withdrew its support and the Abendberg was closed. Guggenbühl died, bitter but surprisingly wealthy, in 1863 and, although personally disgraced, was nevertheless 'the indisputable originator of the idea and practice of the institutional care for feeble-minded individuals. The hundreds of institutions in existence [in the mid-20th century] derive in direct line from the Abendberg' (Kanner, 1964). But there was no belief in the children's right to be educated, regardless of whether or not their handicapping conditions could be cured.

3.8 Itard, Séguin and Guggenbühl worked inside highly segregated institutions, which they did not think at all incompatible with the well-being of the incarcerated blind, deaf-mute, epileptic or mentally defective children. Their problems, Séguin argued, had often been made worse by the 'carelessness and want of intelligence of the parents or keepers'. For him, public institutions constituted 'broader and richer ground'. 'As a collective body, idiotic children are, in their institutions, equal in order and decency, in true lovingness, if not in loveliness, to any collection of children in the land' (Séguin, 1866).

3.9 Towards the end of the nineteenth century, a pessimistic fear that the mentally defective represented racial degeneration replaced arguments about therapeutic cures as a rationalization for segregation. Those who remained more hopeful or more humane advocated the establishment of day special schools for the feeble-minded. In England, these 'integrationists', who included Drs Fletcher Beach and Shuttleworth, proposed a system of local education authority special schooling which seems to us now an embodiment of segregation.

**A duty to educate**

3.10 Dr Shuttleworth, Medical Superintendent of the Royal Albert Idiot Asylum in Lancaster, had visited Germany and Norway and was impressed by their 'auxiliary' schools, staffed by well-qualified, well-paid teachers. In Germany, where the first day auxiliary school had been opened in Dresden in 1867, they followed a curriculum which included religious instruction, calculation, writing, German language (mainly spoken), sense-training (with visual aids considered of prime importance), domestic science, singing, gymnastics and manual work. The aims were 'useful activity', good manners and enjoyment and the teaching was carried out on an individual basis. In Norway in the 1870s, Shuttleworth found that children often attended special classes held in ordinary schools, close to their homes and funded by the local school board. He came to believe that the nation had a Christian duty to educate children of 'abnormally weak mental capacity', and that this would be an economy in the long run because of the realized potential of children otherwise abandoned in asylums, where there was very little teaching, or lumped together in a 'standard 0' class in an ordinary school. (There were six standards, I-VI, in reading, writing and arithmetic, that had been the basis for the organization of elementary schools since the first state grants were awarded to the voluntary societies in 1833. Standard 0 classes developed after the introduction of compulsory attendance at elementary school in 1876.) Shuttleworth believed that it was wrong to stigmatize as idiotic, or even as imbecile, children who were not irretrievably deficient. Like Binet and Simon, he was aware of the hostility of parents towards special schools and institutions, but he thought that the practical advantages could be persuasively presented: 'the natural reluctance of parents to send their children to imbecile institutions would be overcome when it had been demonstrated that even special instruction in auxiliary classes was not in their case sufficient' (Shuttleworth, 1888). He recommended that every large town in England should have a centre for 'backward' children, as was the system in Germany, from which they would transfer either back to ordinary school or to a special training school for the feeble-minded, with the proviso that 'weak-minded' children might be better off in an institution, as out-of-school-hours training was necessary for 'lasting amelioration' (1888).

## *International contacts*

3.11 Philosophical interest in the learning abilities of children with sensory impairments and medical interest in the curability of mental defectives was facilitated by the extensive travelling of the pioneers. When Séguin left France for America in 1848, he spent about ten years as a GP in Ohio, then settled in New York, working as a consultant to those involved with the residential care and teaching of handicapped children. In 1876, he became the first president of the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons.

3.12 Séguin did revisit Europe, however, attending a conference in Vienna in 1873 as the United States Commissioner on Education, after which he wrote a full report on current European special education. Thus Séguin published important works in both French and English, and his sense-training techniques are still in use. In 1877, he came to Britain and

visited the Quaker educationist Joseph Lancaster and Dr Shuttleworth. A century later, the Inner London Education Authority named a special school for the deaf after him.

3.13 In 1852, Séguin visited Dr Samuel Gridley Howe in Boston. Dr Howe was responsible for the establishment of the Perkins Institute for the Blind in the early 1830s and the Massachusetts School for Idiotic and Feeble-Minded Youth in 1851, both of which still exist. Helen Keller was to become a famous pupil of the former and Séguin was superintendent of the latter for a few months. Howe was something of a buccaneer, who involved himself in the Greek war of liberation and with French and Polish revolutionaries. His demands for the education of blind, deaf-mute and idiot children were born of the same spirit of championing reform but also of a more sober interest in efficiency and social harmony:

> . . . the benefits to be derived from the establishment of a school for this class of persons, upon humane and scientific principles, would be very great. Not only would all the idiots who should be received into it be improved in their bodily and mental condition, but all the others in the state and the country would be indirectly benefited . . . it would be demonstrated that no idiot need be confined or restrained by force; that the young can be redeemed from odious and filthy habits, and there is not one of any age who may not be made more of a man and less of a brute by patience and kindness directed by energy and skill.
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> (Report of the Massachusetts House of Representatives, 1848, quoted in Kanner, 1964, pp. 41–2.)

Howe had visited Guggenbühl at the Abendberg before writing up his report, and he had visited England around 1830 to study asylums for the blind.

3.14 European influences on the first provisions for defective children in England were strong. William Twining had visited the Abendberg in its heyday in 1842 and his report was full of the possibilities of awakening the minds of seemingly senseless creatures and of the glory of the long-term aim—the prevention of cretinism. As a result of this, a small group of children were gathered together at Rock Hall House, Bath, by philanthropic sisters, the Misses White, but the separation of the children from those classified as insane was more significant than any education they received. In 1847, Andrew Reed, a doctor of divinity, also visited the Abendberg and decided to build a replica in England.

3.15 Reed went to see Séguin in Paris and Dr Carl Wilhelm Saegert in Berlin. Saegert was director of the Asylum for the Deaf, but also ran a private school for deaf-mutes, in which he used Séguin's 'physiological' methods. Dr John Conolly, Superintendent of Hanwell Lunatic Asylum, and Samuel Gaskell, a Lunacy Commissioner and supporter of Séguin's work, joined forces with Reed and they obtained the money to open Park House Asylum for Idiots in Highgate in 1848, with Dr W. Millard (co-author, with P. M. Duncan, of *A Manual for the Classification, Training and Education of the Feeble-Minded, Imbecile, and Idiotic*, 1866), as the first Superintendent. In 1855, the asylum moved to Earlswood in Surrey, where there is still a subnormality hospital.

## *The blind and the deaf-mute*

3.16 Pioneers such as Séguin, Howe and Saegert are particularly remembered for their work with the mentally defective, but their earliest interest was in the blind and deaf-mute. In Europe and America, institutional care and educational provision for sensory impaired children pre-dated that for the mentally retarded: such handicaps were neither offensive to the eye nor regarded with superstitious dread. Popular feeling was sympathetic and, also, the mortality rate among blind and deaf children was not as high as for the physically and mentally handicapped. Blindness and deafness are obvious, definable defects, whereas mental and physical impairments are much more mysterious. Further, it was clear that many blind and deaf children were intelligent and adaptable and efforts at teaching them were satisfyingly successful.

3.17 The Institution Nationale des Jeunes Aveugles was founded in France in 1784 with money from the Société Philanthropique. A dozen poor blind children were taught by Valentin Hauy, an ex-diplomat, who used embossed print to teach reading. The

school was closed during the Napoleonic era but opened again in 1815 and in 1819 Louis Braille became a pupil. Braille developed a system of embossed dots, rather than letters, based on a code used by the army to convey messages in the dark, but despite its simplicity and efficiency, the braille system was not welcomed because it was customary for the blind to study the shapes of real letters. Braille was not taught in English schools until the 1870s.

3.18 In England, the first 'School of Instruction for the Indigent Blind' was opened in Liverpool in 1791, as a result of the enthusiasm and fund-raising tenacity of a clergyman, Henry Dannett. Dannett, like Hauy, had been impressed by the talents of blind artists, especially musicians, and he believed that the blind could be educated to lead pleasurable and productive lives. Similar establishments were opened in Edinburgh and Bristol in 1793 and London in 1800 and were run as profit-making workshops. Music was taught and frequently became the livelihood of the pupils. Formal teaching of the three Rs did not take over from that of manual industrial skills until the 1830s. In the mid-nineteenth century boarding schools for middle-class blind children were opened.

3.19 The education of the blind and the deaf was beset by international disputes about aims and techniques. Some argued that it was better to mimic ordinary skills and to teach the blind to read letters and the deaf to speak; some argued that it was better to compensate for the impairment as much as possible and so enable the blind and deaf to communicate easily, even if this meant using artificial systems like Braille or a manual sign language. The disputes were fierce among the voluntary societies in Britain. One visitor to the Paris exhibition of 1867, E. C. Johnson of the Blind Man's Friend Charity, wrote in his report:

> England which is so rich in institutions for the blind is almost unrepresented at the Exhibition. This is attributable to a want of harmony and concert amongst the various schools and societies in England; to the dread of intrusting their interests to other hands than their own; and to the opposition which is so strong an element amongst the lovers of particular systems for teaching the blind to read.
>
> (quoted in Pritchard, 1963, pp. 41–2).

3.20 The Abbé de l'Epée believed that the education of large groups of deaf children was much more efficient if manual techniques were used. Samuel Heinicke, on the other hand, a soldier-scholar from Saxony, firmly believed in the necessity of speech for intellectual development, and his school in Leipzig, opened in 1778 with government money, used oral methods exclusively.

3.21 The first school for the deaf in Britain was run by a mathematician, Thomas Braidwood, in Edinburgh, who followed Heinicke's methods and shared his passion for professional secrecy. Braidwood's pupils were fee-paying and therefore middle-class; consequently there was no need to prove that these children could master wage-earning skills. Braidwood did not instruct his class as a whole but individually, moving round the classroom to help with sound-formation, lip-reading and writing. Returning south from his journey to the Hebrides, Dr Johnson visited Braidwood's school and commented: 'After seeing the deaf taught to read, who would fear to cultivate the Hebrides?' In 1783 Braidwood moved his school to Hackney, and, as an indirect result, the first public school for the deaf, the London Asylum, was opened in 1792 in Bermondsey, with Braidwood's nephew, Joseph Watson, as its first superintendent. During the early nineteenth century, manual techniques for teaching the deaf gradually took over from the oral, which did not regain popularity until the 1870s, when the new Association for the Oral Instruction of the Deaf and Dumb opened a school with William Van Praagh as Principal.

## *Conclusion*

3.22 Séguin taught only a handful of disabled children, but his ideas about the importance of sense-training and learning through physical activity are still strong in special education today. The same mixture of views—affection for the children, belief that segregation is beneficial and that early intervention will lead to lasting amelioration and maximum efficiency—is also still familiar. There is a kind of scientific philanthropy

which has lasted from the mid-nineteenth century, embodied in guru-like individuals, that still characterizes special education and charms attention away from the ordinary schools, which continue to close their doors to disability.

## 4 *The emergence of a special education system*

4.1 Twenty years after the Elementary Education Act of 1870 introduced mass education, the first school board classes for children with special needs were opened, and it is in the context of the gradually developing network of state education that the roots of a system of special education are to be found. In this section I shall look at the criticisms which delayed the introduction of popular education, the administrative framework by which it was initially run and the problems raised by the huge numbers of unfit pupils. Solutions to these problems were sought in various strategies for selecting children into or segregating them out of the ordinary schools, strategies which were lubricated by a new technique, psychological assessment. Pressure for government investigation into the standards of care and education of blind, deaf, mentally defective, epileptic and crippled children came from local education authorities, the voluntary societies, individual professionals and public opinion, and the first legislation concerning these children was passed in the 1890s.

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**Reading** You should now read Gillian Sutherland's article, 'The origins of special education' (Reading 2.2 in the Reader), describing the period from the educational reforms of the 1870s to the inter-war depression and background to the 1944 Education Act.

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**Comment** In a concise but comprehensive account of the development of special education in England, Gillian Sutherland describes a mesh of political, social, academic, professional and financial issues. You will see that it did not become compulsory for children to attend school until ten years after it became compulsory for local authorities to provide them. This arose because the questions of whether or not education should be free (and if so where was the money to come from), whether or not the teaching should be denominational and whether or not parents could be compelled to send their children to school, continued to be debated separately. Dr Sutherland also notes that attendance at school did not really become a habit until the inter-war years.

Dr Sutherland indicates the inflexibility of the elementary school curriculum and the way in which grants were made dependent upon ritual testing of uniform rote-learning. Not much British love of the individual here, and it also had the serious consequence of undermining the professional status and classroom authority of the school-teachers, who sank their religious differences in 1870 to establish a National Union of Elementary Teachers, and who supported Dr Crichton-Browne's views about the damaging effects of 'over-pressure' on undernourished and sick pupils, with a view to asserting their own independence and greater control over what they taught.

Another recognizable feature of late nineteenth-century government tactics is the use of royal commissions as 'time-buying', to put off and defuse a tricky decision while seeming to respond to public opinion. Educational legislation in England has been characterized by its permissiveness, by the assumption that private and voluntary initiatives are still welcome and relied upon, as a kind of creative competition. Is it not also the case, however, that a *laissez-faire* attitude can mask irresponsibility or indifference and that a view of children's rights is implicit in every educational style?

Dr Sutherland gives a fairly detailed account of the intelligence tests developed by Binet and Simon in France, published in 1911, two years before Cyril Burt was appointed psychologist to the London County Council and the Mental Deficiency Act was passed requiring local authorities to assess all relevant children. After the First World War, however, and despite the work of the Wood committee of inquiry into mental deficiency in the twenties, the special education system became dormant, except for the growth of child guidance, which is briefly discussed in section 6 and also in Unit 7.

**Activity 1** In the first section, I outlined the following themes for this unit:

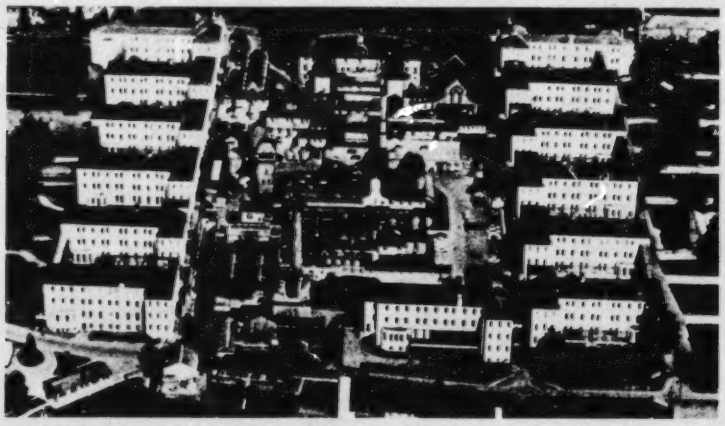
- the influence of the economic and political climate on the development of special education;
- the achievement of power by the medical profession;
- the initiatives of voluntary societies and their continuing power, which led to diversity of provision;
- the impetus given to special education by mass, state education;
- the many features of the early system which are still with us;
- the favouring of segregation for those children who did not fit into the state system.

Note down points from Dr Sutherland's article that relate to each of these themes.

## *The unfit*

4.2 How could blind, deaf, mentally defective, epileptic, undernourished, unwell, unclad or physically handicapped children cope with academic and gymnastic drills and the uniform standards of achievement which were the basic requirements of identikit normality? They tended to congregate in overflowing standard 0 classes until special provisions were eventually made, outside the ordinary school. Unless you think that what happens inside schools is a part of life, not separate and different, or you start from the belief that every child is worth the same consideration, then tailoring provision to fit such a hierarchical system will not seem strange, but sensible and even enlightened. James Mill first advocated 'schools for all' in 1812, when the principle of exclusion was the wrong religious beliefs: 'It is our most earnest desire to have no controversy with any religious class of our countrymen, of whom it is our object to combine all classes in a grand project of national good.' It was a 'hideous deformity' that there should be 'ignorant and brutal people in an enlightened age and country'. Mill wrote in support of the schools for poor children run by the Quaker, Joseph Lancaster, which, he argued, did not preach Quakerism but were a healthy, non-denominational sign that education could be independent of the established church (Mill, 1812).

4.3 But the spread of public institutions can be seen as an exercise in coercion rather than enlightenment. Lancaster's 'monitorial' system was designed to be curative, purgative and sanitary. Teenage 'monitors' helped teach and strictly control the classes. Mechanical obedience and habits of hard work would leave no time for disturbing deviance. Richard Johnson (1977) describes the new educationists as 'substitute parents', aggressively drilling



*St Lawrence's Hospital, Caterham. Established by the Metropolitan Asylums Board as an idiot asylum, it became a mental handicap hospital. It was built in the 1870s specially for children, who grew old there.*

*St Lawrence's, Caterham—central building.*

children they basically feared. In his book, *Decarceration*, Andrew Scull discusses the reasons for the great building of prisons, asylums and workhouses in the 1830s and 1840s, which on the surface seemed to be progressive but were in fact 'instruments for segregative control', where all kinds of unacceptable people were placed, and he quotes a report of John Conolly's Asylum at Hanwell: 'they are for the most part harmless because they are kept out of harm's way' (Scull, 1977, p. 33). The Poor Law Amendment Act of 1834 and the Metropolitan Poor Act of 1867 both encouraged institutionalization and classification: 'careful efforts were made to distinguish the criminal and the crazy, children, the sick, and the deserving and undeserving poor'. And it was not just that the tolerance of these groups in a mobile, anonymous, crowded, slum-dwelling, urban society decreased, but that a more important qualitative change had taken place: 'The [capitalist] market destroyed the traditional ties between rich and poor and the reciprocal notions of paternalism, deference, and dependence which characterized the old order, producing profound shifts in the relationships between superordinate and subordinate classes, and of upper class perceptions of their responsibilities towards the less fortunate' (Scull, 1977, p. 24).

## *Removing the unfit*

4.4 Pressure increased for separate provision for children with physical, mental or sensory defects, for segregation into special schools and classes or incarceration in residential institutions. Cyril Burt was an advocate of segregation, which he discussed with particular reference to 'backward' children: 'The first and most important step is segregation . . . Segregation sounds like a drastic measure; yet it is needed in the interests alike of the other children, teachers, and of the backward themselves' (Burt, 1937, p. 574). If backward children were to remain in ordinary schools, struggling with classes of their own age, or humiliated by placement with younger intellectual peers, they would probably develop contempt for all school work.

> Under collective methods of teaching, the progress of a class at work, like the progress of a column on the march, can be no faster than the speed of its slowest unit; and it is better that the lame and the limping should fall out than that the whole regiment should mark time while the laggards catch up . . . [The teacher] is really doing double duty; it is like asking a single shoemaker not only to manufacture the boots and shoes for the neighbourhood, but at the same time to take charge of all the repairs . . . Segregation, therefore, seems essential. It may take two main forms: the establishment of intermediate or auxiliary schools, and the formation of backward or auxiliary classes within the ordinary schools. The designation for such schools or classes should be chosen with care, to avoid any reluctance on the part of children, parents, or teachers.
>
> (Burt, 1937, pp. 575–6)

4.5 Burt had expressed these views from the time he joined the LCC in 1913, based on the assumption that 'inherent mental incapacity . . . can . . . be little, if at all, alleviated; but the bodily disabilities, the social handicaps, and the defects in educational arrangements, may, in some degree at any rate, be successfully attacked'. This did not include a change in teaching styles to accommodate heterogeneous groups, or, rather, concerted efforts to reduce the size of classes, because it was quite common for several groups to be involved in different activities in one room, each large enough to require strict drilling. Burt was in favour of bright working class children being well-educated and his scheme was meritocratic: equity by diversity, a view echoed in the Labour Party's *Secondary Education For All:* 'Equality of educational provision is not identity of educational provision and it is important that there should be the greatest possible diversity of type among secondary schools' (Tawney, 1922).

4.6 Most of the elementary school teachers themselves were in favour of the segregation of handicapped children because the academic achievements of their pupils were so closely bound up with their own professional status. Critics of cheap elementary education opposed the 'over-education' of both children and staff and the teachers were very sensitive about their own working class origins: 'The proposition . . . that a man's labour is to be valued with references to the position of life he occupied in early years . . . is monstrous and can only be the conception of a diseased brain, or a bad heart' (from 'The school and the teacher', July, 1861, quoted in Tropp, 1957, p. 79).

4.7 James Sully, professor of psychology at University College, London in the 1880s, regarded schools as social institutions and membership as necessary for the development of 'moral sentiment', the very aim of education that others argued could only be attained by the disabled by means of intensive training in isolation. 'Moral' conduct and true religious beliefs were the overriding concerns of nineteenth century educators, and consequently the blind, deaf and mentally deficient were at particular risk because their disabilities prevented them from experiencing the common range of basic sensations, or from making sense of them, and therefore made more general concepts impossible. To the empiricist all 'the materials of the intellectual life are supplied by the senses' (Sully, 1884). So if you lack a sense, is your thinking damaged ? In the eighteenth century, Diderot wrote, in his *Letters on the Blind*, that blindness prevented the development of compassion because the blind person could not see the things that caused pain, could not see blood, could not see another person suffering. He was also interested to see if those who could not see the 'wonders' of nature would be less inclined to attribute creation to a Divine Maker and so display a lack of religious belief (Diderot, 1970; modern edition).

4.8 As far as the deaf were concerned, if you believed that it was language that separated man from the beasts, then a child who could not speak or understand words would have to be reckoned to be animal-like, controlled by selfish passion rather than imaginative sympathy. And for these reasons it was not illogical to group sensorily and mentally defective children together when it came to deciding whether or not they were educable. Sully, like Piaget later, stressed that moral behaviour is dependent upon social involvement, not isolation. William van Praagh, teacher of the deaf by the oral method, agreed with this and, although his school was for deaf children only, during his directorship they were all day pupils: 'The break with the tradition of residential schools was deliberate, for Van Praagh believed that the deaf should be encouraged to associate with the hearing, and was highly critical of the asylum system' (Pritchard, 1963, p. 85).

4.9 The total incarceration of children with more severe physical and mental defects or anti-social behaviour was justified in the following ways: a feeble-minded child 'must be an entire member of a community where, night and day, systematic rule and oversight are afforded', so that 'the best product may be evolved from the defective materials which are furnished' (Down, 1876). Langdon Down saw the 'rescue' of the feeble minded in their removal from scattered families and collection together in 'a condition where all the machinery shall move for [their] benefit, and where [they] shall be surrounded by influences both of art and nature calculated to make [their] life joyous, to arouse [their] observation, and quicken [their] power of thought'. Also, like Séguin, Langdon Down believed that mentally defective children should be regarded with affection, that they had a 'quick appreciation of kindness', and that 'the basis of all treatment should be medical'— hygiene, physiology, with a good deal of sense training, therapeutics, nutrition: 'moral delinquency was the result of mental excitement, dependent on defective nutrition'.

His plans for houses built on gravel, well-drained, with the children taking regular walks and baths, remind one of Guggenbühl's Abendberg. 'In this way more is effected for [their] happiness than by any other means.'

**Three segregationists: protecting the community or the children?**

4.10 Mary Dendy was a member of the Manchester School Board and the National Association for Promoting the Welfare of the Feeble-Minded in the 1890s and her extensive visiting of the local schools convinced her that there were hundreds of defective children without any suitable provision. Her attitude towards their care and training was more openly coloured by social fears than that of the more detached Langdon Down and, although Manchester opened day special schools for the feeble minded in 1897, Mary Dendy argued that this was not enough. She founded the Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded in 1898, 'with the intention of getting hold of a certain number of children, and trying to prove that those children in proper conditions could be kept happily throughout their lives without hardship or forcible detention; though we should be very glad indeed to have powers of forcible detention' (1904, quoted by Pritchard, 1963, p. 181). The society's first institution, Sandlebridge, was opened in 1902, with greater emphasis on sense-training and industrial skills than literacy because 'the knowledge of how to write has led to great difficulties in managing high-grade cases, the men and women communicating with each other by means of notes' (quoted in Pritchard, 1963, p. 182).

4.11 Because of a similar disenchantment with day schools for children from the poorest homes but with a totally different aim in view, Mary Carpenter had opened residential reform and industrial schools in the 1850s, which were designed to be 'cottage-home communities in rural surroundings in which the emphasis was on creative work in the open air' (Bridgeland, 1971). Mary Carpenter had begun her career with a 'ragged school' for poor, all-comers, in Bristol, and although the titles of her books sometimes had a eugenic, medical ring (*Reformatory Schools for the Children of the Dangerous and Perishing Classes and for Juvenile Offenders*, 1851) her educational principles, apart from the emphasis on hygiene, are in remarkable modern contrast to those of forty years on. Play was invaluable, encouraging both physical and mental health and also a warm and trusting relationship with the teacher, who was to be kind but firm, and never use corporal punishment, and who was to make contact with the children's families. Mary Carpenter's argument for segregation was that it would protect not us, but the children, and that they needed a total, but loving and therapeutic, environment if they were 'physically, intellectually, socially and spiritually' to rise 'out of their debasement, and . . . become better members of society' (Carpenter, 1851).

4.12 Dame Ellen Pinsent was chairman of the After-Care Committee of the Birmingham School Board, and a colleague of Mary Dendy in the Association for Promoting the Welfare of the Feeble-Minded. Ellen Pinsent's economic and social arguments in favour of incarceration implied that special day schools were ineffective and formal teaching a waste of time. In a boarding school 'they could be kept under permanent control and not left to the chance of their parents remaining in the neighbourhood of a special class . . . There can be no doubt that many parents of feeble-minded children, belonging as they so often do to the street-hawker and irregularly employed class, are even more migratory than the rest of town populations . . . unless the after-care association can establish permanent custodial homes it must always lose a large percentage of cases, and every lost case may mean, and generally does mean, a future generation of feeble-minded children' (Pinsent, 1903). Custodial homes prevented the girls from getting pregnant and the boys from going to prison, and were cheaper all round for the ratepayers. 'Our policy is to do all we can to persuade parents to avail themselves of the workhouse as a refuge, generally the only possible one, for their uncontrollable children'. In custodial homes and industrial colonies 'they would never be allowed the liberty which they can only misuse to their own degradation and to the degradation of the society in which they live'; 'we are only asking for restriction a few years sooner and we offer, instead of the usual story of crime, shame, and pauperism, that these years should be spent happily and safely and filled with pleasant and honest labour'. Ellen Pinsent concludes her report with a plea for state intervention: 'Private charity has been at work for many years and the evil is still increasing. On the other hand, there can be little doubt that a thorough and complete system of state intervention would lead to a steady decrease in the numbers of the mentally deficient.'

## *Getting rid of the unfit: eugenics*

4.13 Fears of a mushrooming population of feeble-minded, dependent paupers, 'undeserving' because of their promiscuity and criminality, were crystallized and expressed in the language of biological evolution, what was called 'social Darwinism', and it became fashionable and 'scientific' to talk about different races in terms of the 'survival of the fittest' and 'natural selection', and, therefore, acceptable to think of eliminating the unfit altogether. 'To no nation is a high human breed more necessary than our own, for we plant our stock all over the world and lay the foundation of the dispositions and capacities of future millions of the human race . . . I see no impossibility in eugenics becoming a religious dogma among mankind' (Francis Galton, 1909, quoted in Lowe, 1979). Ellen Pinsent's report shows that she, too, was much concerned with race degeneration, purity, excellence and survival, and that the incarceration of undesirable non-citizens was quite justified on economic and eugenic grounds.

4.14 Langdon Down had linked idiocy with the working classes and was worried about the propagation of 'an enfeebled race' in the 1860s: 'The largest proportion of idiocy is to be found amongst the lower orders, where the parents are making a desparate struggle for existence—where the afflicted child is not only a consuming member, but an incubus, paralysing the efforts of the productive class, and absorbing the time and energy of at least one sane life' (Down, 1876). Strong language, reflecting the strength of professional and philanthropic interests in preserving the social status quo, but somewhat at odds with: 'the success which has attended the efforts hitherto made for idiots and imbeciles should not fail to stimulate enlarged action on behalf of those of the pauper class, for whom up to the present time so little has been done' (Down, 1876). Christians who were opposed to birth control or to the involuntary sterilization of the defective (which remained a live political issue until the 1930s), but who also wanted to avoid illegitimacy or the possibility of race degeneration if defectives were allowed to marry, argued that incarceration and the separation of the sexes was therefore the most charitable course of action.

4.15 Supporters of the eugenics cause argued that nature, rather than nurture, was responsible for an individual's development, and so there was nothing to be gained by the special education of defective groups:

> Eugenists mocked at Medical Officers of Health and schoolteachers who had started from the premise that, given a constant environment, all human beings could perform at an equally adequate level; this fallacious view had produced nothing but misery and heart-ache. Dedicated teachers had tragically wasted the best years of their lives on children who were congenitally incapable of responding to their efforts.
>
> (Searle, 1976, describing the attitude of about 1910)

4.16 English politicians, academics, physicians and voluntary workers were afraid of both the actual physical weakness of factory- and cannon-fodder and their potential political power. 'The average of physical and intellectual vigour among Britons should not be allowed to deteriorate so as to fall below that of possible competitors' (E. B. Sherlock, Medical Superintendent of Belmont Asylum, 1907, quoted in Lowe, 1979, p. 295). The Americans became enthusiastic eugenicists in an attempt to filter and control their rapidly increasing numbers of poor immigrants. The study of one family, the Jukes, published in 1877, became the exemplar of self-perpetuating degeneracy. But the author did believe that education was important and his book contains what must be some of the earliest arguments for infant, compensatory education: 'The foundations of the moral character must be laid in the earliest infancy and must begin by the education of the senses'; public health and infant education 'are the two legs on which the general morality of the future must travel' (Dugdale, 1877). 'Public health' meant the control of VD, masturbation, illegitimacy and promiscuity, all of which led to 'moral idiocy', the wages of sin: 'idleness and fornication are reciprocal causes of each other as hereditary characteristics, only eliminated by death' (Dugdale, 1877). Walter Fernald, Superintendent of the Massachusetts School for Idiotic and Feeble-Minded Youth, blamed the women: 'the feeble-minded woman who marries is twice as prolific as the normal woman' (Fernald, 1912, quoted in Clarke and Clarke, 1974). Nevertheless, these brutish beings were useful to science: 'the study of the defects of the blind, the deaf mute and the idiotic

has resulted in the discovery of some of the most valuable axioms of educational science' (Dugdale, 1877). J. B. Watson (a Canadian doctor, not the founder of behaviourism) employed the familiar scientific and industrial vocabulary in his pamphlet. *Who Are the Producers of Human Damaged Goods?* (1913). The answer was poor, under-nourished mothers. But Watson felt that something should be done for them: 'Eugenics must grapple fearlessly and change the basic economic conditions until the mothers of the race receive at least the same care, protection and consideration as that now shown to our breeding hogs, cattle and horses' (Watson, 1913).

4.17 The eugenics movement made racism (and the treatment of the poor as a race apart) a respectable science. John Langdon Down is famous for his *Ethnic Classification of Idiots* (1866), which included Caucasian, Ethiopian, Malay and Mongol. Ryan and Thomas's reader article (Reading 2.1) on mental handicap contains a brief discussion of the 'dehumanization of idiots'. Apart from Langdon Down, they cite the work of Dr A. F. Tredgold as being instrumental in the 'indiscriminate linking of mental deficiency with all kinds of social problems'. In his book, *Mental Deficiency—Amentia* (1908), Tredgold stated: 'Amentia is not a subtraction in varying degrees from normal . . . the two conditions do not merge into each other . . . instead there is a great and impassable gulf . . . they have no intelligence, and no consciousness of pleasure and pain, in fact their mental state is one entire negation' (quoted in Ryan and Thomas, 1980, p. 106). And yet Dr Tredgold acted as medical expert to the Royal Commission on the care and control of the feeble minded (1904–8), as consulting physician to the National Association for the Care of the Feeble-Minded, and was adviser to the Central Association for Mental Welfare (CAMW) on training courses in mental deficiency for social workers, teachers and medical officers. As Kathleen Jones rather neutrally says, Dr Tredgold's book 'has had an immense influence as teaching-material on the development of this field . . . His authoritative study did a great deal to crystallise ideas on the subject' (Jones, 1960). In fact, being convinced that mental deficiency was the result of 'morbid heredity', Tredgold's 'philanthropic' and professional energies were channelled into asking all MPs to 'support measures that tend to discourage parenthood on the part of the feeble-minded and other degenerate types' (Lowe, 1979). In 1929, Tredgold (and Cyril Burt), on behalf of the CAMW, agitated for a Royal Commission to 'investigate the practicability of sterilisation' (Lowe, 1979). The Eugenics Society presented a Sterilization Bill in the Commons in 1931 and the Board of Control set up a departmental committee, reporting in favour of such measures in 1934.

4.18 A vivid account of the hostility of the eugenics movement to the development of special education is given by R. A. Lowe in his article 'Eugenicists, doctors and the quest for national efficiency: an educational crusade, 1900–1939' (Lowe, 1979). Physical, mental and moral 'fitness' became the indivisible attributes of superior *homo sapiens*, and the branches of the Eugenics Education Society made an effective propaganda network. Voluntary workers like Mary Dendy and Ellen Pinsent wanted state intervention to build institutions for the mentally defective, contrary to the tradition of voluntary provision.

4.19 But there were some notable dissenting voices. George Newman, a Quaker and Chief Medical Officer to the Board of Education, firmly believed that many feeble-minded children were educable and wanted to see LEAs obliged by law to provide for them. G. K. Chesterton, a Roman Catholic and a Fabian, deplored the 'modern craze for scientific officialism' and social 'experiments', 'as if one had a right to dragoon and enslave one's fellow citizens as a kind of chemical experiment'. Segregation of the feeble minded was unjustifiable: 'I cannot remember meeting any very monstrous human suffering arising out of the presence of such insufficient and negative types', 'feeble-minded is a new phrase under which you might segregate anybody'; 'it is useless to have exact figures if they are exact figures about an inexact phrase' (Chesterton, 1922).

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**Reading** If you have time, now read Ryan and Thomas's article, 'Mental handicap: the historical background' (Reading 2.1 in the Reader).

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**Comment** In this review of attitudes towards the mentally handicapped, Joanna Ryan cuts through the clinical detachment and gloss of good intentions that frequently surrounded their treatment, to show that fear, disgust and parsimony were the more common responses,

and that it was very hard for people to acknowledge the handicapped as human. She also shows how such beliefs became institutionalized in the accepted use of IQ scores, 'precise' measurements by which to justify differential provision.

**Activity 2** Make a list of the reasons given in this section for segregating certain groups of children into special classes, schools or asylums. Note down who put forward the various justifications and what children they particularly had in mind. Now make a list of the reasons for segregation given by Joanna Ryan in the extracts from her book. Do your two lists differ or coincide?

# 5 *Legislation*

## *The deaf and the blind*

5.1 Between the 1870s and the First World War, public, professional and philanthropic opinion in favour of state support for special educational provision and care for children with physical, mental and sensory impairments grew to such an extent that governments were moved to act. They did not do so with speed, enthusiasm or generosity, but by the end of this period legislation had been passed which covered the blind and deaf, the defective and epileptic, school meals and medical inspection and the physically handicapped (see the appendix and the chart).

5.2 That blind and deaf children were dealt with together by the Royal Commission of 1886–9 and the Bill of 1890 was not because their educational problems were similar nor because interested parties were sympathetic; they were not. Agitation for state intervention on behalf of each group became vociferous during the 1880s, and it was a matter of bureaucratic convenience to brief one committee, rather than two.

### The deaf

5.3 For the deaf, pressure built up in this way. Thomas Arnold, a non-conformist minister, had taught at schools for the deaf in Doncaster and Liverpool and was an adherent of the oral method of teaching. During the 1870s, he worked with a pupil in Northampton, who matriculated at London University in 1881. In that year, Arnold published *The Method of Teaching the Deaf and Dumb Speech, Lip-reading, and Language*, and opened a high school for deaf boys in Northampton (modelled on the public schools), which prepared its pupils for university. In the late 1870s, St John Ackers, a lawyer and an MP who had a deaf daughter, founded the Society for the Training of Teachers of the Deaf and the Diffusion of the German [oral] system in the United Kingdom. In 1879, the British Association conference at Sheffield heard several papers on oralism and the following year the Association Committee on existing methods of teaching the deaf, chaired by A. J. Mundella, vice-president of the Education Department, reported in favour of parliamentary grants, oral teaching techniques and more trained staff. Also in 1880, there was an International Congress on the Deaf and Dumb held in Milan, which confirmed support for oralism and for increased state responsibility because of 'the incontestable superiority of speech over signs in restoring the deaf-mute to society' and the fact that 'a great number of the deaf and dumb are not receiving the benefit of instruction' (quoted in Pritchard, 1963, p. 92).

5.4 In 1881, Acker's society sent a deputation to Mundella at the Education Department. The 1882 Conference of Headmasters of Institutions for the Education of the Deaf and Dumb composed a petition for supplementary grants, with no strings attached. In 1884 the London School Board asked the Education Department to make grants to their classes for the deaf, but without success. As a result of a meeting at Manchester in 1885, a second deputation was sent to Mundella, headed by the chairman of the Manchester School for the Deaf, Lord Egerton of Tatton, who asked for direct grants, school board support for existing schools or power to open their own, and compulsory education for the deaf. The 1885 Conference of Headmasters passed a resolution in favour of immediate state aid or a royal commission. They got a royal commission.

5.5 But not immediately. In 1885 the new Conservative Prime Minister, Lord Salisbury, appointed a Royal Commission, under the Duke of Westminster, whose brief extended only to the blind. This had been sought by the 1883 Conference of Managers, Teachers and Friends of the Blind at York and a meeting held at Grosvenor House in 1884. Also, the census of 1881 had given much larger figures for blind children than for deaf. The following year Salisbury enlarged the terms of reference to include the deaf 'and other cases as from special circumstances would seem to require exceptional methods of education', and replaced the Duke of Westminster with Lord Egerton.

**The blind**

5.6 Education for the blind was, again, a matter of private, clerical, enterprise. In 1866 Worcester College was founded for middle class, fee-paying boys, to be run like a public school, similar to the style of Arnold's school for the deaf in Northampton. The boys studied by means of embossed Roman type, not braille. Thomas Armitage, a London GP and founder of the British and Foreign Society for Improving the Embossed Literature of the Blind (1868), devoted his energies to the Indigent Blind Visiting Society and soon resolved that an agreed reading system and training in industrial skills were essential.

5.7 By 1872, Armitage became converted to the efficiency of braille and had found a suitable man to train both pupils and teachers, an American, blinded by an accident. The Royal Normal College was opened in Norwood, offering a general education from seven to thirteen years, with lots of PE, and training in music after that.

5.8 The first provision for the blind in London's board schools was made in 1875 and a conference of 1876 resolved upon the use of braille. Special classes were opened in 1878 and children attended part-time. Where special centres were set up later on, there were close links with the local elementary school. Unlike today, therefore, blind children were integrated with their sighted peers for a good deal of the week, a feature of their education not shared by deaf children, whose impairment was felt to be far more handicapping when it came to following ordinary classroom instruction. The *Report of the Special Committee on the Training of the Blind* (COS, 1876) also recommended that they should be taught in the elementary schools and argued that education should begin at five, to make the greatest use of the senses of hearing and touch, and continue until sixteen, so that the last three years could be devoted to industrial training. The COS wanted a royal commission to investigate the possibility of state money for the education of the blind.

5.9 The Egerton Commission reported in 1889 and made the following recommendations: money for the education of the blind should be given to the school authorities to dispense, not the Poor Law Guardians, teachers' salaries should be raised, education should be from five to sixteen and compulsory. Blind children, especially in rural areas, should be taught in the ordinary schools or in special boarding schools, and the method of instruction should be braille, although many people felt that it was difficult to learn. One problem with integration, however, was that, by the time a blind child had mastered braille sufficiently to keep up with the pace of ordinary classwork, he was likely to have missed a lot and so be behind for his age.

5.10 Recommendations for the education of the deaf were rather different: there was no clear choice of preferred teaching method and no suggestion that deaf children should be educated in ordinary schools. Education should be from seven to sixteen and there should be separation of the sexes to prevent marriages between the deaf, who would then be likely to pass on congenital defects to their own children.

5.11 The report made more of what was economically efficient than of children's rights, arguing that the education of the blind, deaf and 'educable imbeciles' would 'dry up as far as possible the minor streams which ultimately swell the great torrent of pauperism' (quoted by Pritchard, 1963, p. 97). The report also justified raising the school leaving age for the blind in this way: 'It is better for the state to use funds on elementary and technical education for the blind for a few years rather than to have to support them through life in idleness, or to allow them to obtain livelihood from public or private charity' (Pritchard, 1963, p. 99).

5.12 With regard to the 'others' of their brief, the commission included feeble-minded, idiotic and imbecile children, but these terms were vague and some kind of working

definition was needed: 'idiocy means a greater deficiency of intellect, and imbecility means a lesser degree of such deficiency'. Imbeciles were certainly educable, but should be given sense-training and PE rather than the three Rs, and would probably have to attend residential special schools, although they should be taught by ordinary teachers. The Egerton Commission wanted all imbecile children to be removed from workhouses and lunatic asylums after the COS recommended in 1877 that the education authorities should support their training institutions. However, until 1971 these children remained the responsibility of the health authorities, were not taught by ordinary, qualified teachers, nor regarded as educable.

5.13 It took four years for an Education Bill to pass through Parliament, mainly because the financing of such special educational provisions was a contentious issue and had to be handled delicately. After the 1893 Act, few new schools were in fact opened, one reason being that the school boards and their catchment areas were often too small to support them.

## *Mental deficiency*

5.14 Pressure for state intervention in the education of mentally defective and epileptic children, who were omitted from the 1893 Act, was a similar combination of charitable and professional opinion, but this time doctors were more prominent. The definition and educational status of the 'feeble minded' fluctuated between what we would recognize as 'remedial' to the modern 'mentally handicapped', and those, such as Mary Dendy, who advocated incarceration held up any plans for their education by apparently removing the need. However, the 'over-pressure' controversy of the 1880s and Dr Francis Warner's statistics on the physical and mental condition of many hundreds of children in the elementary schools clearly indicated that the education authorities would have to do something, and the 1893 Act set a precedent in making school boards legally bound to provide for handicapped children.

5.15 In the same year, the COS published *The Feeble-Minded Child and Adult*, and lobbied their views through the National Association for Promoting the Welfare of the Feeble-Minded (founded in 1896). A committee of the COS asked the Government to extend the 1893 Act to physically and mentally handicapped children. The 1896 Report of the Poor Law Schools Committee recommended that the feeble minded should be provided for separately. With all this agitation in a single year, the Lord President of the Council, the Duke of Devonshire, appointed an Education Department Committee of Enquiry into the education of 'feeble-minded and defective children not under charge of Guardians and not idiots or imbeciles', which included physically, as well as mentally handicapped children. Or did it? Whether or not 'defective' included physically handicapped children of normal intelligence was not clear, and this initial vagueness was matched by the permissiveness of the 1899 Act.

5.16 The Committee of Enquiry reported early in 1898 (the year that Mary Dendy's society for the 'permanent care' of the feeble minded was founded), after sitting for only fifteen months. They advocated the use of the term 'defective' to extend to all physically or mentally disabled children 'who cannot properly be taught in ordinary elementary schools by ordinary methods', as they objected to the term 'feeble minded'. Some, like Dr Fletcher Beach of the Darenth Idiot Asylum, were sceptical about the possibility of reliable measurement of defectiveness, and he was certainly convinced that all assessment should be done by doctors, especially when it came to separating the defective from the imbecile. The committee recommended examination by a school authority medical officer, although the initial referral would be made by a teacher for those in ordinary schools. There was no belief in the value of early screening: children were not to be referred before the age of seven, on the grounds that lack of progress could be due to a developmental delay that would later accelerate. The committee also recommended that part-time medical officers be appointed to school authorities to examine children referred for special education and suggested that a full-time doctor be appointed as an adviser to the Education Department.

5.17 No sooner said than done, but coincidentally rather than by direct influence. In 1890 the Department officially acknowledged a duty to look after the physical welfare

of school children and sought expert advice on PT. The Duke of Devonshire, however, refused to allow the appointment of a Medical Inspector, so the Secretary of the Education Department, George Kekewich, appointed a doctor, Alfred Eichholz, as an ordinary inspector.

5.18 The Committee of Enquiry argued that school authorities should be able to compel attendance at special schools, but, until they came under the LEAs in 1902, the voluntary schools remained a haven for unwilling parents. The committee asked for small classes, qualified teachers and generous provision of materials for a wide curriculum. Isolated, ill-treated, and severely handicapped children should be provided with transport, hostel facilities or a residential placement. And these recommendations would involve large sums of money. Because of the difficulties of compelling attendance and the political risk in increased financial commitment, the Education Bill drafted after the committee's report did not, in turn, compel the authorities to act.

**The Royal Commission on the Care and Control of the Feeble-Minded**

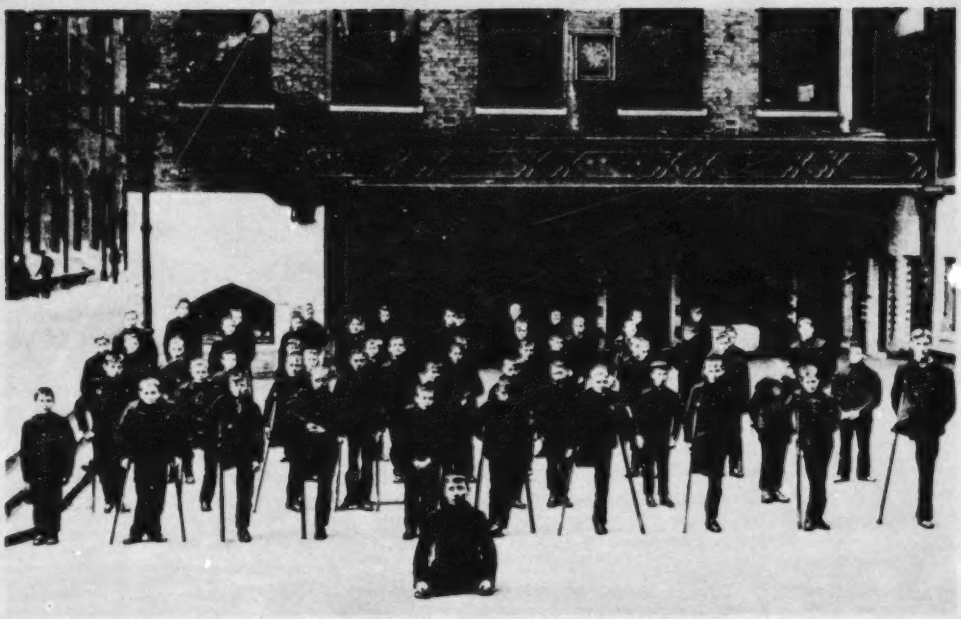
5.19 By 1904, the force of the eugenics movement was strong, England had suffered humiliation in South Africa, and the Local Government Board published the *Report of the Inter-Departmental Committee on Physical Deterioration*. Consequently, the Royal Commission on the Care and Control of the Feeble-Minded was appointed, and its report (1908), appearing in the same year as Tredgold's racist views on mental deficiency, took the eugenic line, and argued that the feeble minded should be provided for for life: 'It therefore concluded that an institutional system, coupled with admission to the institution at an *early* age, was superior to the day special school system' (Pritchard, 1963, p. 185; my italics). For administrative simplicity, local mental deficiency committees should control the special schools because 'the educational system of the country, established for the teaching of the normal child is, in our opinion, unsuitable for the child, who, unlike the blind and deaf, can never reach the mental level of the normal'. The commission therefore wanted mentally defective children to be excluded from the 1899 Act and placed under the Board of Control. But it did stop short of sterilization.

5.20 The report thus threw a spanner into the works of the slowly evolving special education system. The new county LEAs, created by the 1902 Education Act, after waiting to hear what the commission would say, now waited to see if legislation would confirm the take-over by mental deficiency committees. They had to wait five years. The LCC and LEAs in large towns, however, had gone ahead with day special schools for the feeble minded, which demonstrated that such pupils frequently managed to find work on leaving, and these authorities did not, therefore, cheer the report.

5.21 The Mental Deficiency Act of 1913 did not, in fact, remove feeble-minded children from LEA control, and authorities now had to assess all children between seven and sixteen, with a view to separating out the ineducable, who alone would pass to the responsibility of the mental deficiency committees. The LEAs' duties with regard to feeble-minded children did not fall within the scope of the Mental Deficiency Act, so another Education Act was needed if the 1899 powers were to be converted into obligations, and this was passed in 1914. In her article on the Mental Deficiency Act (1918), Dame Evelyn Fox criticised the inactivity encouraged by shortage of institutional provision, confusion about ascertainment, lack of financial support and the prospect of war. The story of state involvement in the education of the mentally defective illustrates how official 'action', in the form of royal commissions or elaborate legislation, can conspire to impede administrative action and apparently desired social reforms.

## *Physical defect*

5.22 Although the physically defective were often specified in the measures concerning mentally defective children, getting them into school presented unique problems. If the authorities were to provide transport, they would require larger grants than any government could insist on and stay in power, but if parents had to bring their children to school, they would have literally to carry them and probably have to lose valuable wages at the same time. In fact, of course, many crippled children at that time would have been a source of income themselves, as conscience-striking beggars, and had often been



*On parade: physically handicapped boys at Dr Barnado's in Stepney early this century.*

deliberately mutilated by their parents. There had been societies formed to oppose public begging in the early nineteenth century but the Society for the Prevention of Cruelty to Children was not founded until 1884.

5.23 The education of children who could not be gathered together in a school presented a political problem: which authority should cater for them? 'We do not think that instruction in the home or at the bedside, or in the hospital, can be undertaken by school authorities' (Committee on Defective and Epileptic Children, 1898). Much of the voluntary work with the physically handicapped (as had been the case with the blind) therefore took the form of home visiting. The Invalid Children's Aid Association was founded in 1888 and directed their efforts towards securing better care (both at home and in hospital), education and industrial training for crippled children. The association was supported by the COS, which published *The Epileptic and Crippled Child and Adult* in 1893, calling for public elementary education for cripples and for more homes for the severely disabled. Women social workers from the 'settlements' established in London, often by academic institutions, undertook similar home visiting and teaching, but soon felt that the children would profit far more from attendance at a special day class. The first local authority school for physically handicapped children was opened in 1899 at the Passmore Edwards Settlement in Bloomsbury (founded as a university settlement in 1890); the settlement provided rooms, meals, transport and medical care; the school board provided the teachers and equipment. It was the achievement of Mary Ward, a Christian social worker.

5.24 The Report of the Committee on Defective and Epileptic Children (1898) had failed to make any formal distinction between the 'stigmata' of mental deficiency and physical impairments caused by disease, congenital malformations and accident—both groups of children were 'physically defective'. They did recommend that the second group should attend ordinary school, if they were of normal intelligence, and that the authorities should provide transport or guides, but, as we have seen, the 1899 Act put no authority under an obligation to do so. Mary Ward canvassed nearly a hundred LEAs and circulated their support for such a duty to all MPs. As a consequence, the 1918 Act obliged the authorities to educate their physically handicapped children, as the 1914 Act had obliged them to educate the mentally handicapped.

## *Conclusion*

5.25 Thus, by 1918, LEAs were obliged to provide schools or classes for all groups of children defined as educable, and the Board of Control supervised the idiot asylums established as a result of the Metropolitan Poor Act (1867). Voluntary societies provided schools, homes, occupation centres, teacher training and home visiting for children not able to attend school and the medical branch of the Board of Education (1907) was responsible for the inspection of special schools as well as the individual children.

5.26 As the following section will show, however, the more concrete development of special education was slow and there was not much discussion of the possibility and desirability of changing conditions in the ordinary schools so as to accommodate more defective children within a flexible system. Economic depression, the limbo created by the sitting of official committees and a concentration of effort on organizing secondary education produced an inter-war inertia as far as children with special needs were concerned.

# 6 *Public inertia and private enterprise: the inter-war years*

6.1 While the inter-war period was one of economic stringency and official reluctance to establish new special educational provision, there were many private and academic developments which have left a permanent stamp on the British system. In particular, Burt refined selection procedures, and residential schools were established both by psycho-analytically-oriented individuals and by national voluntary societies for specific groups of sensorily impaired children. All of which required increasing numbers of professionals.

## *Mental deficiency*

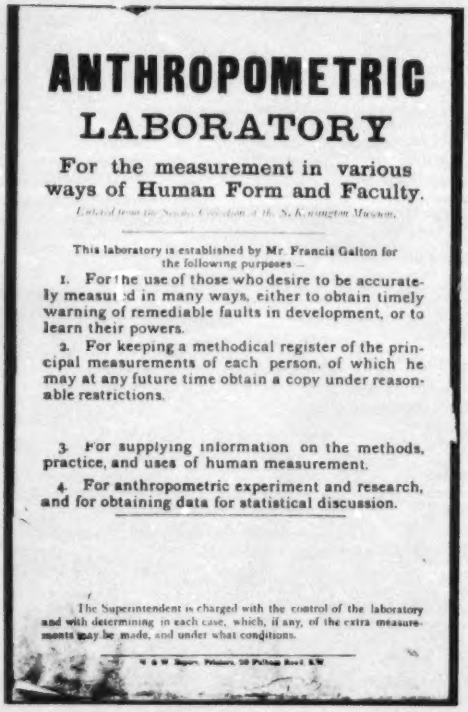
6.2 One reason why the advocates of special education lacked political muscle was that their consumers, apart from being children, were originally thought to be comparatively few in number. The eugenicists exerted pressure by their warnings of a population explosion of pauper defectives. Dr Francis Warner in the late 1880s and Dr E. O. Lewis in the 1920s used more scientific persuasion. The results of their large-scale surveys of school children showed that a considerable proportion of mentally deficient children had passed unnoticed, and that nothing like adequate special provision was available even for those who had been identified. Regional estimates varied enormously, despite the availability of standardized tests, and George Newman, Chief Medical Officer to the Board of Education and the Ministry of Health, appointed a joint departmental committee chaired by A. H. Wood in 1924 to 'consider problems presented by the mentally defective child'.

6.3 Gillian Sutherland's article describes the work and recommendations of the Wood Committee (the Reader, pp. 98-9). Dr Lewis argued that there were more than a hundred thousand mentally defective children, of whom only sixteen thousand were in special provisions. But LEAs were reluctant to increase provision during the five years that the committee sat, and the economic depression of the late 1920s meant that no legislation followed the Wood Report until the Education Act of 1944.

**Testing, testing . . . the rise of an exact 'science'**

6.4 In his anthropometric laboratory in the 1880s, Galton tested people's sensory perception and studied the results of the measurements of height and chest in a variety of populations. He argued that there was a correlation between the different characteristics of a person, including mental abilities, tests of which would also show a normal curve. In

*Galton's anthropometric laboratory.*



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3. For supplying information on the methods, practice, and uses of human measurement.
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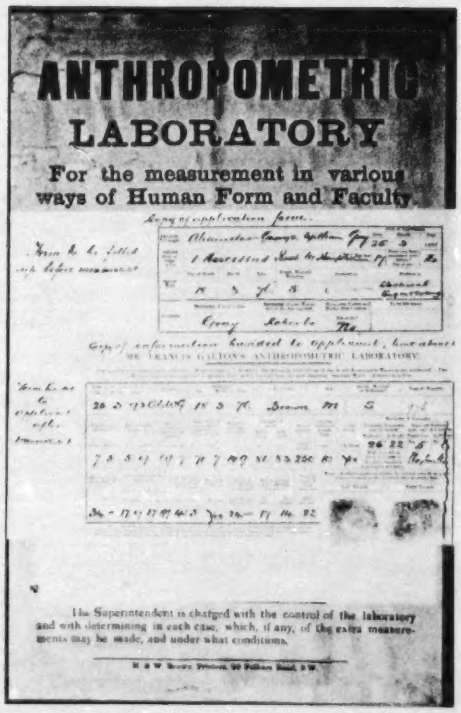

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*Seventeen-year-old Alexander Gray's vital statistics, 1893.*

the second edition of his book, *Hereditary Genius* (1892), Galton wrote: 'It is in the most unqualified manner that I object to pretensions of natural equality.' He was interested in individual differences and qualities of excellence, but he desired to measure them in exact amounts, to describe 'a continuity of natural ability'. Galton believed it was valid to make similar assumptions about human beings to those of physics or chemistry: 'The law of deviation from the average is perfectly general in its application'; 'the average height of the male adults of that population [an '*island*' population] would undoubtedly be the same year after year'; 'Now if this be the case with stature, then it will be true as regards every other physical feature—as circumference of head, size of brain, weight of grey matter, number of brain fibres etc., and thence, by a step on which no physiologist will hesitate, as regards mental capacity'. So, 'there *must* be a fairly constant average mental capacity in the inhabitants of the British Isles, and . . . the deviations from that average upwards towards genius, and downwards towards stupidity, *must* follow the law that governs deviations from all *true* averages'. (Which justified some sniping: 'the residuum that forms the bulk of the general society of small provincial places is commonly very pure in its mediocrity'.)

6.5 Systematic intelligence testing got under way in England with Cyril Burt's arrival at the LCC in 1913. George Newman had recommended that the tests devised by Binet and Simon (1905, 1908, 1911) in Paris, which covered vocabulary, spatial perception, memory, inductive and deductive reasoning, and moral sense, should supplement teachers' and doctors' reports. The 1911 revision of their scales is given as an appendix to the English edition of their book, *Mentally Defective Children* (1914). They regarded a child as mentally deficient if the mental age was three years behind the chronological age, with no serious illness or absence from school to account for it. Margaret Drummond, who prepared the appendix, had some criticisms of the tests but says:

> there is a general consensus of opinion on the part of those who have tried the scale as to its value as a mental probe and register of mental attainment . . . in view of its simplicity and brevity, and the valuable analytic work of which it has proved itself capable, the 1911 form will probably remain a standard for at least some years to come.
>
> (Binet and Simon, 1914)

6.6 Burt carried out a survey of children in London schools in 1917 and was invited to do the same in Birmingham in 1920 by the School Medical Officer, George Auden, an admirer of Burt and a eugenic sympathizer, who had come in contact with him via British Association conferences. In 1914 Burt wrote: 'I have come to realize in a very concrete way that a psychologist who is doing educational work is really starting a new and independent science' (quoted in Sutherland and Sharp, 1980); 'a psychology of talent and character, rooted in evolutionary biology and genetics, and recognizing the importance of individual differences and quantitatively based' (Hearnshaw, 1979). Burt's early researches led to the publication of *The Distribution and Relations of Educational Abilities* (1917).

**'Weapons of enquiry': Cyril Burt and selection**

6.7 Although no legislation concerning children with educational handicaps was passed between the wars, nevertheless there was a series of Board of Education reports which did influence contemporary practices and also provided a blue-print for the system that was established in 1944. Cyril Burt's evidence concerning his work on mental testing and his views on the nature of intelligence, selective education and the use of tests, largely shaped both the Board of Education report *Psychological Tests of Educable Capacity* (1924) and the 1938 Spens Report on secondary education. They, in turn, sanctified the growing use of intelligence testing, still the mainstay of most educational psychologists in the 1980s.

6.8 Burt argued that general intelligence was an innate, usually inherited, capacity and that it developed continuously up to the age of eleven, after which it halted or declined. Specific aptitudes, on the other hand, only revealed themselves during adolescence. Particular talents were thus unpredictable, but a child's 'quotient' of general intelligence was pre-determined and remained constant: 'It is possible at a very early age to predict with some degree of accuracy the ultimate level of a child's intellectual powers' (Board of Education, 1938). Also, the distribution of intelligence in child populations was a steady 25 per cent 'super-normal', 50 per cent normal, and 25 per cent subnormal. Here are

the roots, both of the 'clean break at 11' (which Burt himself was not in favour of in the 1920s, preferring regular testing) and the tripartite division of adolescents (inside or outside the ordinary school) into academic, technical and manual streams. 'The duty of the state, through its school service, is first, to find out to what order of intelligence each child belongs, then to give him the education most appropriate to his powers, and finally, before it leaves him, to place him in the particular type of occupation for which nature has marked him out' (Burt, 1925). Burt described his 'treble-track' streaming in *The Backward Child*, published in 1937, one year before the Spens Report. Burt preferred separate special schools to a 'refuse-heap' standard of class in ordinary schools for the subnormal, a group that for him included the mentally defective, the dull and backward, the delinquent and the nervous. Special schools would ensure a 'special curriculum, a special time-table, and special teaching methods adapted to [the subnormal child's] narrower mind' (Burt, 1917).

6.9 Group and individual mental tests of 'reasoning', rather than the old 'faculties' of memory and perception, were necessary to lubricate this diverse system; and they were 'weapons of enquiry, not of inquisition', designed 'to service the teacher' (Burt, 1921). Individual mental tests (psychological) calculated innate capacities, whereas group tests of scholastic achievement (pedagogical) assessed acquired knowledge of the subjects in the school curriculum. The advantages of tests over teachers' and SMOs' interviews and reports were that they were time-saving, standardized and systematic, objective and universally comparable. And, for example, they would prevent misreferral to a special school for the generally mentally deficient when the difficulties was one of a particular defect, such as spelling. Tests for borderline children provided doctors with the reliable means of assessing 'backwardness' in 'six minutes' (Burt, 1937).

## *Private progress: therapeutic communities*

6.10 Far removed from the world of working class state education there was, at the same time, an expansion of private, mostly residential, schools for neurotic and delinquent, largely middle class and fee-paying children, based upon psychoanalytic therapeutic principles. For example, in 1913, an American disciple of Freud, Homer Lane, founded the 'Little Commonwealth' in Dorset, a co-educational school for delinquent adolescents in which the pupils were self-governing. This only lasted until 1918, however, when Lane was accused of 'misconduct', a charge of which he was later cleared.

> Does your boy hate arithmetic? He can be made to love it by analytic pedagogy. Is he rude and ungracious? It is conflict easily removable. Is he purposely annoying? He is suffering from an inferiority complex . . . All these things and thousands of others are inevitably the manifestations of unconscious conflicts raging within him and as such can be dealt with certainly and scientifically by analysis . . . The sublimation process is education, pure and simple. Every teacher, even those who have never heard of psychoanalysis, is attempting the sublimation of his pupil's libido. But the chief characteristic of the libido being, as it is, a tendency to attach its cravings to an instinctive and unmoral interest in the life-cycle, the non-analytic teacher, being unaware of the already existing attachment of the libido is, by his method, producing a titanic unconscious conflict in his pupil.
>
> (Lane, 1918)

6.11 In 1930, George Lyward founded Finchden Manor School in Kent and in 1934 Otto Shaw opened Red Hill School in Surrey. Both were for intelligent, secondary-aged boys, and the regimes designed to be secure but loving, refuges for the middle class parents of delinquents. David Wills, a Quaker and a psychiatric social worker, ran two war-time establishments, the Hawkspur Camp and the Barns Hostel school, for 'unbilletable evacuees' who were often working class, based on his principle of 'shared responsibility'. There were no tests or competition, problems were shared, and there was lots of art work and country pursuits. In 1940, an approved school for adolescent boys of average and below average intelligence was opened in the Cotswolds in buildings previously used by a religious community. In the late 1960s it became the Cotswold therapeutic community, run by Richard Balbernie, a teacher, educational psychologist and psychotherapist.

6.12 The focus was upon the individual child, but it was believed that the social environment was often responsible for his problems:

> In our educational policy as a nation, we refuse to let live. We persuade through fear. But there is a great difference between compelling a child to cease throwing stones and compelling him to learn Latin. Throwing stones involves others; but learning Latin involves only the boy. The community has the right to restrain the antisocial boy because he is interfering with the rights of others; but the community has no right to compel a boy to learn Latin . . . Forcing a child to learn is on a par with forcing a man to adopt a religion by act of Parliament . . . The orthodox teacher holds that exams will be passed only if discipline keeps the candidate's nose to the grindstone . . . I know that under discipline comparatively poor scholars pass exams, but I wonder what becomes of the passers later on. If all schools were free and all lessons were optional I believe that children would find their own level . . . All there is, is a very small minority of parents and doctors and teachers who believe in the personality and the organism we call a child, and who are determined to do nothing to warp that personality and stiffen its body by wrong interference.
>
> (Neill, 1962, about Summerhill, founded in 1925)

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**Reading** Now read Irene Bowman's article 'Maladjustment: the history of a category' (Reading 2.3 in the Reader).

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**Comment** In charting the development of the category 'maladjusted', Irene Bowman reveals how state and private provision for these children evolved as separate systems, with some contact via child guidance clinics, and exposes the pseudo-pathological nature of this new educational category.

Child guidance professionals and many special school staff have an image of the 'ideal' maladjusted child as intelligent but ill, in need of therapy to effect a cure. The child's problems were not thought of as stemming from material circumstances.

Matching 'real' with 'ideal' children presented problems, particularly for the professionals. An unwillingness to accommodate to a changing clientele could be regarded as reflecting a belief in mental, social and emotional differences as part of the natural order of things, a conservative dependence upon the status quo. Irene Bowman argues that it is just this 'natural' ideology that angry pupils in large state schools are threatening. She questions the value of more and more tailor-made special educational provisions by taking a critical look at the context in which children experience difficulties, a context which is all too often wrongly thought of as natural, immutable, inevitable.

Irene Bowman argues that the handicap of aggressive children is created by attitudes incorporating social, cultural and ethnic factors; certain groups of children are not allowed to be 'emotionally disturbed'.

Biology and psychology were used to explain the failure of attempts at social control in state schools, but psychoanalysis was the creed of the private educators between the wars. It took wartime chaos to reconcile the Freudians and the LEAs, and in 1944 'maladjustment' became an official category for 'special educational treatment'.

Irene Bowman looks at the social context in which 'maladjusted' children were identified and suggests that the label was needed by a variety of private and public interests.

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## *Voluntary societies*

6.13 Thus individuals established alternatives to a static LEA system. The national voluntary societies also opened special schools of their own, for example the National Institute for the Blind and the British Council for the Welfare of Spastics. Condover Hall, Shrewsbury, was opened in 1948 for blind children with additional handicaps and incorporated the retarded blind children from Court Grange school, which the RNIB had opened in 1931: 'It was, therefore, natural for the then Ministry of Education to ask the RNIB to set up extended facilities for the education of children of this type on a national basis. It was thought that one school, centrally situated, would serve this purpose'

(Myers, 1975). Local authorities, then, looked to the voluntary societies to provide for groups of children whose overall numbers were small or declining, but whose education required a good deal of technical expertise. Warnock has this to say:

> Three trends may be discerned in the development of voluntary organisations concerned with disability up to the present time. One trend which started in the 1930s and which has become more evident in recent years is the increasing specialisation of voluntary organisations in line with advances in diagnosis, assessment and treatment . . . A second trend is the pioneering of provision and services, including schools, to meet new needs. In many cases the needs identified by voluntary bodies have in due course received public recognition, and responsibility for making provision . . . has been assumed by local authorities . . . A third trend in the development of voluntary organisation is their increasing tendency to act as pressure groups . . . by advertising the problems and needs associated with a particular disability.
>
> (Warnock, 1978, 17.5–17.7)

## *Child guidance*

6.14 Child guidance clinics were also initially run by private organizations, as you read in Irene Bowman's article and in Unit 7. The elaboration of psychological practices involved not only the treatment of children in multi-professional clinics, but their referral for special education, which was also sometimes called 'guidance'. 'Child guidance clinics are the response to a need for some centre where advice can be obtained on the management of difficult children, and their organisation has evolved *logically* from the nature of the work they found they were called upon to do' (Moodie, 1947; my italics). William Moodie, first medical director of the London Child Guidance Training Centre (1928) described the embryonic child guidance professional team:

> It was recognised that many behaviour problems in children arose primarily not from emotional disturbances but from intellectual abnormality. Certain of the patients were of such low intelligence as to be incapable of behaving normally . . . To assess the importance of these anomalies and their effects on the child's schooling and general conduct was outside the province of a medical man, and required a knowledge of academic psychology, a technical and difficult subject, and a background of pedagogy and practical experience of teaching. So the psychiatrist sought a partner in the educational psychologist.
>
> (Moodie, 1947)

6.15 Cyril Burt argued that

> the 'psychological clinic' is merely a modal point in the whole network of the social and educational service available in the district . . . Its function is thus quite different from that of other 'clinics'. When a pupil is referred to (say) an 'ear, nose and throat clinic' maintained by the Council, it is sufficient for the medical specialist to examine the child, diagnose this ailment, and prescribe or carry out the appropriate treatment; too often teachers, care committee workers [the forerunners of social workers], and school medical officers take the same view of the psychological 'clinic' or centre. But here very little of the work is 'clinical' in the traditional sense . . . Adjustment and maladjustment involve not one thing but two—the child *and* his environment; and his environment includes not only his school and his home, but all the relevant conditions of the neighbourhood (streets, playgrounds, cinemas, companions, etc.).
>
> (Quoted in Keir, 1952)

## *Training*

6.16 Special courses for teachers, social workers, health visitors, educational psychologists and medical officers in this area were organized by the Central Association for Mental Welfare (CAMW). Short courses were a particular feature of voluntary effort and are still a major part of the work of MIND (formerly the National Association for Mental Health). In many cases, these courses gained official recognition as professional qualifications, and came to be regarded as essential in-service training for unqualified staff. The first

local authority special training course was set up in Birmingham in 1915, largely as a result of the persuasion of the CAMW and Evelyn Fox. The Committee on Defective and Epileptic Children (1896–8) had recommended that

> after having had experience of work in the ordinary school, certified teachers desiring to teach in a special school should be given special training . . . lectures on kindergarten methods, the observation of children, physiology and school hygiene. The teachers should also be trained in gymnastics, articulation and voice production, Sloyd (the Swedish system of manual training through woodwork) and other creative activities.
>
> (Pritchard, 1963, p. 146.)

This kind of full teacher-training for working with the mentally defective, however, was not established until after 1945.

6.17 In the following section I shall conclude by asking what, if any, progress has been made in the education of handicapped children and what kinds of factors contributed towards changes in the system.

# 7 *Progress? Implications and conclusion*

7.1 Progress means a change for the better. What evidence of this can we find in the history of special education in England ? During the course of the unit I have drawn your attention to attitudes, decisions and practices that strike a familiar note, and here, in this final section, I have assembled a summary of these prevailing trends.

7.2 People were very conscious of progress in the mid-nineteenth century, and it briefly became the credo of the powerful members of a confident, benevolent, nation. Dr. Langdon Down regarded the sheltering of the 'waifs and strays of humanity' as illustrative of the 'progress of civilisation'. It was socially progressive 'to discuss the best plan for elevating and improving individuals who, without any fault of their own, are powerless to rescue themselves from a condition than which humanity knows nothing more pitiable' (Down, 1876, originally given as a speech in 1867).

7.3 In *Decarceration* (1977), Andrew Scull challenges the humanity of the process whereby people are restored to the community, particularly from large mental institutions, and left with drugs as their main life-support. He argues that this apparently progressive move is in fact a crude withdrawal of public responsibility from caring for dependents at a time when such expenditure is very low on the list of economic priorities. He asks what it really means to decarcerate people, especially when community services are so minimal. In her history of the mental health services in Britain, Kathleen Jones, writing just after the passing of the Mental Health Act of 1959, offers a less subtle, more hopeful, interpretation:

> The Act . . . initiates boldly and clearly in harmony with modern clinical and social views of mental disorder . . . it has taken the best of the old system, and left scope for future development . . .
>
> Our society does not let them [patients] reach the demented and degraded depths to which a human being could sink in the mid-nineteenth century. The standard of living is much higher, and the family has recourse to many forms of social aid, so that discharge does not mean, as it so often did a century ago, a return to conditions of wretchedness and near-starvation . . . television, radio and press have been enlisted in the campaign to abolish fear and prejudice, the last remnants of the witchhunt . . . Within the scope of the welfare state, there is room for flexibility in methods of care; within a central framework, there is room for decentralization, for local initiative and experiment.
>
> (Jones, 1960)

7.4 Like the mid-nineteenth century, the mid-twentieth has had its optimists, who can reconcile their belief in progress with segregated provisions for groups of handicapped children, by taking the quantitative line that more and more, tailor-made, provision must

be a good thing; doing *something* as opposed to nothing. This is often the view expressed by local authority professionals, keen to expand their special education sector, but is also true of academics, some of whom advocate retaining voluntary, as well as state, involvement:

> Progress there has been; progress from that day in 1760, when Thomas Braidwood first used his spatula-like instrument, to a day two hundred years later, when the Department of Education of the Deaf at Manchester advertised for a research fellow with qualifications in physics or electrical engineering. Progress there must yet be; progress in overcoming the problems that still exist in every aspect of the field of special education. As in the past, so in the future will voluntary effort and voluntary organizations play their part. As in the past, so in the future will they often lead the way. To be opened in 1962 is the first special school for maladjusted children with communication difficulties. It will be established by a voluntary body.
>
> (Pritchard, 1963)

7.5 In his *History of the Care and Study of the Mentally Retarded* (1964), Leo Kanner, coiner of the term 'early infantile autism', entitles his concluding chapter 'The dawn of a new era'. The new era began in 1934 when Dr Ivar Folling, in Norway, discovered phenylketonuria, the metabolic imbalance that causes mental retardation and can be corrected by a controlled diet; this

> made the issue of mental deficiency appear respectable as a legitimate field of research in the biological sciences . . . A new era has begun. It is reminiscent of the enthusiasm of Itard, Séguin, Guggenbühl and Howe. The difference is that medicine, sociology, education and psychology have furnished tools more precise than existed then.
>
> (Kanner, 1964)

Kanner's view of progress is based on a yardstick of academic knowledge, that mental retardation is a scientific problem, the answer to which lies in discovering causes, treating symptoms and preventing recurrence.

7.6 In their essay, 'Criteria and classification of subnormality', Ann and Alan Clarke similarly describe as progress the advance of scientific precision in the twentieth century, dispelling myths and prejudices, particularly emphasising the value of genetics, epidemiology and IQ, the last of which have an 'administrative' utility when it comes to providing services by separating the population into homogeneous groups.

> During the latter half of the present century several factors have combined to alter considerably society's view of the mentally subnormal and therefore of appropriate provisions for them. These include (1) an awareness that genetic variation is a much more complex matter than was formerly realized; (2) evidence that the national degeneracy earlier predicted by certain prophets of doom was not taking place; (3) indications that nutritional and social factors may be implicated in some forms of subnormality; (4) the success of programmes of remediation undertaken in a few institutions which yielded hopeful results; and (5) a more humane and tolerant attitude towards at least mild forms of social deviation. It followed that the subnormal person should not be shut away in remote hospitals, but community care and integration became the watchwords . . . Moreover, in the 1970s the belief that half the present inmates of mental subnormality hospitals could and should find a place in the community is generally accepted . . . and legislation has shifted from primarily protecting society to primarily protecting the rights of handicapped individuals.
>
> (Clarke and Clarke, 1974)

7.7 For some, then, progress in education is a matter of scientific precision, for whom a move from the morality of questions about social organization to the science of the measurement of abilities represents a change for the better. But such a move only sidesteps the difficult issues in education, which are still fundamentally moral. The alternating trends in teacher techniques for the deaf and blind reflect arguments about how important it is for sensorily impaired children to resemble ordinary people: whether speech or sign is better for the deaf, whether braille or embossed Roman type is better for the blind. But in the absence of sophisticated aids to correct, improve and adapt defective sight and hearing, specific teaching techniques and the physiological knowledge and philosophical beliefs from which they derived were perhaps of correspondingly greater importance

than they are now. Section 5 of Unit 5/6 discusses how much biological knowledge of certain impairments is in fact necessary to the teacher in the late twentieth century, and Unit 11 will take up this issue of the relative influence of biology, technology and styles of education upon the image and definition of handicap. Children are no longer as chronically sick and undernourished as they were a hundred years ago, and all children in the UK are now officially regarded as educable. Both are changes for the better. A scientific attitude, however, has been regarded as preferable to a 'moralizing' emotional response:

> It is remarkable that, ever since the time of Séguin, progress in educational methods with young children has come from study of idiots and the feeble minded, who are, in certain respects, still mentally infants. I believe the reason for the necessity of this detour was that the stupidities of mental patients were not regarded as blameworthy, or as curable by chastisement; no one thought that Dr Arnold's recipe of flogging would cure their 'laziness'. Consequently they were treated scientifically, not angrily; if they failed to understand, no irate pedagogue stormed at them and told them they ought to be ashamed of themselves. If people could have brought themselves to take a scientific instead of a moralising attitude towards children, they could have discovered what is now known about the way to educate them without first having to study the mentally deficient.
>
> (Russell, 1926)

7.8 Tony Booth's article, 'Demystifying integration' (Reading 5.1 in the Reader), however, shows that official rhetoric can mask a quite contrary reality and suggests that we look more carefully at what is actually happening to see if it squares with the attitudes we believe to be common. Has the optimism of the 1960s totally disappeared in the face of the 1980s' political conservatism and severe cuts in spending on education? Certainly the prevarication and inaction that has followed the publication of the Warnock Report (DES, 1978) reminds one of the suspended animation following the Wood Report in 1929.

7.9 I have described how Evelyn Fox regarded the mentally deficient with both sentiment and fear, how Dr Langdon Down and Binet and Simon mixed affection with clinical, academic detachment, and how Ellen Pinsent thought that the most considerate thing to do for special school leavers was to strip them of their human rights. Such complexity of attitudes is as widespread now as it always was and is reflected in action that can be interpreted in different, inconsistent ways, for example the rapid increase in segregated provision after 1945 illustrated in Unit 1/2.

7.10 Moral issues surrounding the principles of segregation and selection are still debated, therefore, but competitiveness remains strong, and those children who are educationally unproductive are in many cases thought not fit to belong to an ordinary school, worried about standards and uniformity. As fewer and fewer people can expect a lifetime of full employment, the aim of 'efficiency' in education will lose its force and perhaps facilitate genuinely comprehensive schools.

7.11 I have presented arguments in favour of diversity within an educational system—more responsiveness to individual needs and a more fertile source of ideas about practice in general—but, as Unit 5/6 shows, this does not logically entail geographical separation; yet isolated special institutions are still being built. What do they contribute to the stigma of handicap, which is still with us, despite Kathleen Jones's reassurance to the contrary?

7.12 Doctors are still influential in special education, as are psychiatrists based in the academic departments of hospitals; the ILEA medical department is still the employer of psychiatric social workers attached to child guidance units and special schools. Early screening and medical intervention perpetuate a faith in the curability of some disabilities and diverts valuable resources from integrated provision for under-fives, especially, which would do far more to provide for special needs in an ordinary, accepting, social environment. It remains to be seen whether the 'statements' proposed in the 1981 Education Bill, converted from the 'records' of the 1980 White Paper, operate like the certificates the Wood Committee recommended abolishing in 1929 to cement a hard core of severely handicapped children and reduce their chances of increased participation in ordinary school life.

7.13 Voluntary societies are still very actively providing care and education for children with physical, mental and sensory impairments and some of them are still denominational. They do a great deal of home visiting and training of community-based professional workers and were the first to train social workers. They emphasize local family support and exert pressure for suitable placement for children with special needs. However, reliance on voluntary work does imply a restricted view of children's rights, by accepting that special facilities are not within the brief of a government; hostility towards centralization is as familiar now as it was in the nineteenth century. Voluntary societies often act as lobby groups now, but they can also act as an anaesthetic, relieving government of expensive duties. The danger is that the able patronize the disabled, or that only the better-off benefit, as if the residents of Cheshire homes, for example, were BUPA protected.

7.14 That 'impairment is physical but handicap is social' is a refrain of this course. Defining handicap in social terms is not new, nor has it always been associated with sympathizers. In 1908, the Royal Commission on the Care and Control of the Feeble-Minded defined feeble-mindedness as social incompetence, but the 1913 Mental Deficiency Act and the eugenicists went further and turned the definition into a social threat. The Wood Committee was more schizophrenic: while talking about preventing 'the racial disaster of mental deficiency' and 'social inefficients', and, of sterilization, 'that this measure might under adequate safeguards prove of value in a very limited number of individual cases', they were sensitive about the stigma of certification for the moderately feeble minded. Today, prejudices seem to be distributed differently, the 'ESN(M)' and the 'disruptive' rather than the 'ESN(S)' bearing the brunt of popular disapproval.

7.15 But how did changes in the education of the handicapped come about? Religion and money were always relevant, sometimes facilitating and at others hindering the establishment of special provisions. The occasion for change was always specific pressure, whether St John Ackers's one deaf daughter, or E. O. Lewis' 90,000 mentally deficient. In her reader article, Irene Bowman say, 'the creation of a government grant system for charity schools, administered by professional HMIs (mostly clergy), was a response to the acute social unrest of the early part of the century'. Social control is still the motive for special educational provision, for example, segregated classes for the 'disruptive'. Professional and personal commitment to a particular group of children has been a powerful pressure; public health measures and the development of technological aids have altered the pattern of need for certain groups. But 'progress' depends upon opinions about what is better and a willingness to reject the status quo.

> When legislation provides special schools and classes for the benefit of defectives, it will be imprudent to make use of legal force to bear down the will of the parents. It will be better, in the first instance, to have recourse to persuasion. It will be pointed out to the parents that their children are behindhand in their lessons. The parents, as a matter of fact, know this quite well. It will be explained to them that classes of forty pupils are too large for children like theirs, and that the teacher cannot devote sufficient attention to them. It will be explained also that classes are being organised for ten to twenty pupils at most, in which it will be possible to give individual attention. Before instructing their child, it will be necessary to begin by awakening his intelligence, which involves the teacher devoting himself to him with method, order, and patience. One will appeal to the heart of these parents, and will surely manage to persuade them, especially the mothers. For such interviews we must rely upon the school teachers and the inspectors. It will only be necessary to warn them to avoid the use of certain expressions. It would never do to say to the parents that their child is an idiot, an imbecile, a fool, or even abnormal. The admission of their son or daughter into a special school should be represented to them as an advantage or even a favour. Their consent should not be demanded in too formal a manner. This would make them think that it is they who are giving something, and many would refuse. In a word, much can be done by prudence, sympathy, and a little tact; and the personal experience that we have acquired has shown us that it is not difficult to gain the parents to the cause of special education.
>
> (Binet and Simon, 1914)

# *Further activities*

**Activity A** Many of you will have contacts in special education in your home area. As an exercise in oral history, find the person in your community who has been involved in special education for the longest time and ask them to talk about their experiences, what changes they have seen, what criticised and what welcomed. What are their views about progress? Just see what material you gather from an informal interview. Collecting together the views of experienced workers from many different areas would provide illustrations to complement the selective discussions contained in the unit. If you do not already have local contacts, why not write to the nearest special school or visit the divisional office and ask if they can suggest someone who would enjoy talking about their 'special career'.

**Activity B** Look at the special schools, classes, units and subnormality hospitals in your area. What kind of buildings are they housed in—brand-new and purpose built, converted board school, playground hut, or workhouse? Make a list of those you can get to easily (on foot) and note down the age and type of the buildings. Does any pattern emerge, e.g. new buildings for ESN(S) or partially sighted, and old ones for the maladjusted, or the other way round? Do patterns reflect spending policies and, therefore, political priorities and attitudes? If all E241 students participate in this activity, a nationwide jigsaw could be pieced together which would be revealing about attitudes towards special education.

# *Appendix*

## *Institutions providing education for disabled children and others*

| | Blind | Deaf | Physical defect | Mental defect | Behaviour/emotional problems (delinquency, maladjustment) | Others |
|---|---|---|---|---|---|---|
| **1760** | | **1760** Institute Nationale des Sourdes-Muets (sign method). | | | | |
| | | **1770s** Braidwood's School, Edinburgh. | | | | |
| | | **1778** Leipzig school (oral method). | | | **1775** Pestalozzi school for 'deprived' children, Neuhoff, Switzerland. | |
| **1780** | | | | | | |
| | **1784** Institute Nationale des Jeunes Aveugles, Paris. | **1783** Braidwood moves to Hackney. | | | | **1780s** Hannah Moore's Ragged School, Mendips. |
| | **1791** School for the Instruction of the Indigent Blind, Liverpool. | **1792** London Asylum. | | | | **1785** Sunday School Union. |
| **1800** | | | | | | |
| **1820** | | | | | | |
| | **1830s** Perkins Institute for the Blind, Boston, Mass. | | | **1833** School at Hospice des Incurables and Bicêtre Hospital, Paris (Séguin). | **1830s** Mary Carpenter's Ragged School, Bristol. | |
| **1840** | | | | | | |
| | | **1842** Saegert's school, Berlin. | | **1841** Abendberg, Switzerland (Guggenbühl). | | |
| | | | | **1848** Park House Asylum, Highgate. | | |
| | | | **1851** Marylebone home and school for girls. | **1851** Massachusetts School for Idiotic and Feeble-minded Youth. | **1850s** Mary Carpenter's residential reform and industrial schools. | |
| | | | | **1854** Earlswood Idiot Asylum. | | |
| **1860** | | | | | | |
| | **1866** Worcester College. | | **1865** Kensington home and school for boys. | **1867** Dresden 'auxiliary' school. | | |
| | **1872** Royal Normal College, Norwood. | **1870s** Northampton College. | | **1870s** Special classes in ordinary schools, Norway. | | |
| | **1875** First teaching for blind in London board schools. | | | **1870** Caterham and Leavesden Idiot Asylums. | | |
| | | | | **1873** Hampstead asylum for idiot children. | | |
| | **1878** First special classes in London schools. | | | **1878** Darenth Idiot Asylum. | | |
| **1880** | | | | | | |

**1880**

**1880s** First classes for deaf in London board schools.

**1894** Class for deaf run by Warren's University Settlement, Southwark, in London School Board Centre for Deaf.

**1880s** German Hilfschule.

**1892** Special classes for mentally deficient, Hugh Myddleton School, Finsbury.

**1899** Mary Ward's settlement school; teachers paid by London School Board.

**1900**

**1902** Voluntary schools now under local education authorities and attendance compulsory.

**1913** 'Little Commonwealth', Dorset, Homer Lane.

**1915** Special school teacher training, Birmingham Local Education Authority and CAMW.

**1918** First NIB Sunshine Home, Chorleywood (residential nursery school).

**1920**

**1920** Institute of Medical Psychology (later the Tavistock).

**1921** Chorleywood College for Girls.

**1923** Maudsley Hospital.

**1925** Summerhill, A. S. Neill.

**1928** London Child Guidance Training Centre.

**1930** Finchden Manor school.

**1931** Court Grange School for the retarded blind, (R)NIB.

**1934** Red Hill school.

**1936** Hawkspur Camp.

**1940**

**1940** Barns Hostel school.

**1944** 'Maladjusted' an official category.

**1947** Croydon school for cerebral palsied.

**1948** Condover Hall, Shropshire, RNIB.

**1948** Birmingham school for cerebral palsied.

**1949** Devon school for cerebral palsied.

**1960**

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| Unit 4<br>Education for adult life? | Unit 12<br>Psychology and special education |
| Unit 5/6<br>A special curriculum? | Unit 13<br>Handicap is social |
| Unit 7<br>The professionals | Unit 14<br>Eradicating handicap |
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